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OUR readers will welcome the opportunity to visualize the man who so splendidly rose to the defense of nursing during the recent widespread discussion of our profession. Our appreciation is quickened by the knowledge that Dr. Beard has been for years a veritable tower of strength to those striving to secure sound preparation for the ever-widening responsibilities of nurses.

The Journal values the privilege accorded it of publishing a picture of Dr. Beard, together with his latest article and a fairly complete bibliography of his writings on nursing and allied subjects. To paraphrase a famous saying, Dr. Beard has for many years seen nursing clearly and has seen it whole! Out of his thorough understanding of our problems and of our relation not only to the medical profession, but to society as a whole, he has supported our efforts to uphold standards with abounding energy and unflagging interest.

Dr. Beard has given long service as an educator, as he was a member of the first faculty of the Medical School of the University of Minnesota. It was in 1909 that he proposed the creation of the School for Nurses in that university. He drafted the plan of organization adopted by the faculty in 1910 and has served continuously on the faculty committee responsible for the school. His interest has never been abstract nor purely academic. From the first, it has been his practice as Chairman of the Nursing School Committee to interview the students at the time of matriculation and again before acceptance, and to keep closely in touch with the developments of the entire situation.

In announcing the plan for this, the first university school for nurses, to the national nursing organizations which met in St. Paul, in 1909, Dr. Beard said, "Those who are in control of the movement believe that, given a due degree of physical fitness, given a higher measure of preliminary training, given that serious devotion to her calling which bespeaks the quality of the woman who undertakes the task, the nurse cannot be too highly or too perfectly trained." His

announcement was met by an emotional response and an enthusiasm such as has been accorded few events in nursing. Mrs. Robb, great-hearted woman that she was, frankly wept for joy that a cherished dream was about to be realized.

Few writers on nursing have been so comprehensive in their treatment of the subject, but there are two dominant notes,—belief in the highest development of the individual and a recognition of nursing as a social service. On the first of these points we quote the following: "It is token of the faith in womankind that runs in my blood that I can hear them—in ever gathering numbers, praying the prayer of Phillips Brooks,—'not for tasks equal to their powers, but for powers equal to their tasks.' On the second point we quote from the current article,—"It is in the interest of the public first, that the nurse, whose business it is to conserve human health and human life, shall have adequate preparation for her work; and second, that the completed product of her education—the service of the nurse herself—shall be available to all economically conditioned classes of society."

The world is the richer because of Dr. Beard's teachings in the Department of Physiology in the Medical School, but nurses, and the public which they serve, owe an incalculable debt to him for a service that began so long ago and that has recently reached its highest achievement in supporting the establishment of the central school in the university,—an event that has been referred to as the most important movement of the times in nursing education. The steadfast courage with which he has held fast to the ideals that brought about the first university school has brought a rich harvest, for his example and his teachings have been followed in a number of universities, and so his influence is felt in an ever-widening circle that will some day encompass the earth.

Lest even a faint impression be given that Dr. Beard's conception of nursing is that of a purely intellectual development we quote,—in closing,—"The nurse may be born in the body and she needs none the less the full values of educational training, but she whose devoted and disciplined spirit, with each new day of service, is born again, is a nurse indeed."

Dr. Beard, we salute you! Your support and your belief in us give us courage to face many tomorrows.

Forgotten?

Three years ago this month the whole nursing world was shocked by the message that Jane A. Delano had died in France "in line of duty." Our hearts were full of grief for we knew that a great

administrator had laid down her task and that a noble life had gone out. In many cities great companies of nurses and lay people strove to do her honor by gathering together for impressive memorial services. So intense was our feeling that later, when a memorial was planned, it was felt that a mere statement to the effect that contributions would be received by the Divisional Directors of Nursing of the Red Cross, or by Miss Albaugh, at National Headquarters, would result in a stream of modest individual contributions that would quickly make up the suggested total of $50,000.00.

The Red Cross Nursing Service, which Miss Delano made great, has about 38,000 members. Other thousands of women are grateful to the woman who established the classes in "Home Care of the Sick." All, however, are immersed in the cares of each day as it comes and so their feeling remains unexpressed. Miss Delano is *not* forgotten. Day by day the work she planned goes on in many parts of the world. That work is her best monument, but,—in the years to come, the woman herself perhaps may be forgotten, although she gave unstintingly of her great gifts. Shall we let this happen? Shall we not, while the influence of that great life is still a vivid force as well as a fragrant memory give tangible expression to our feeling? How better can we express it than in enduring stone or bronze?

Many suggestions for a memorial have been offered. There is no question of the importance of scholarships and the various other funds mentioned. Miss Delano was interested in all such movements, but they do not seem to express the feeling of the majority of nurses regarding her. Those who knew her best believe that it is fitting that we who loved and revered her should erect a monument in Washington where all the world may see how we honored a great woman and a great nurse and that they may see, too, that the work of the profession her genius helped to direct in a time of direst need is a definite part of our national life. Nowhere in this country is there any such evidence that nursing has become a truly vital force. Somewhere there should be a memorial symbolic of the true spirit of nursing. Could we choose a better symbol than the figure of one whose life was characterized by grace and dignity, by benignity and dauntless courage, and by an ever-widening interest in and support of all phases of our professional work?

London has its monuments to Miss Nightingale, there honored for her service in the Crimea; and to heroic Edith Cavell. Washington could properly give similar evidence to future generations of Americans and to the citizens of the world who flock to our national capitol, that we, too, honor our great women.

Centralization of Schools for Nurses

In her article on centralization in this issue of the Journal, Miss Goodrich says, "I am quite certain that almost unconsciously we have embarked on the central school project." An appreciation of the importance of coöperative effort in reaching any worth-while objective is one of the great lessons of the war, and it is increasingly clear that the most important trend in nursing education today is that toward central schools.

Probably the first moves in the game were made by visiting instructors who served several schools. The Army School, conceived in the throes of world agony, was the first great experiment in this direction, but the war situation also brought into being preliminary courses, such as those still successfully maintained in the Junior Colleges of Kansas City and Grand Rapids, as well as those at Vassar and Western Reserve, which were war measures only.

The Cleveland Survey in 1920 formulated and published a tentative plan for the nursing schools of that city. The organization of the central school in the University of Minnesota, through the coördination of four schools, has recently sounded a veritable trumpet call that incites to similar progress everywhere, but as Miss Goodrich so well says—no comprehensive plan can be formulated without a survey of the needs and the resources of the particular community to be served.

It is significant that far-flung and conservative Philadelphia is getting under way with a plan that promises to be far reaching in its effect. It is based on the coöperative effort and study of the Hospital Association and the League of Nursing Education, and the two organizations have assumed the initial responsibility for financing the project. An announcement of the opening of what is frankly described as an experimental semester of the School for the Teaching of Preliminary Courses in Nursing Education is given on page 528 of this journal. Students from eleven schools, who are doing uniform preliminary work, are also receiving the invaluable stimuli of contact with many minds and a healthy competition results. Most significant of the spirit animating the Philadelphia movement is the fact that the nurse instructors have volunteered their services for the experimental stage of the project. Such movements, based on careful study, on the will to succeed, on a truly generous spirit of coöperation and, withal, conducted in a scientific spirit that augurs well for adaptation to future developments as they arise are bound to succeed. The movement toward centralization may have crept upon us unaware, but it is now with us. It can no longer be ignored.

No community is so small that it does not afford some opportunity for a coördination of resources and effort which will enrich the education of the students of today and thereby add appreciably to the contribution to the work of the world of the graduates of a few years hence. More coöperation within our own ranks will teach us how to coöperate more generously with the ever growing number of workers in other fields closely allied to our own and thus add to the harmony of all social effort.

Service Pay Legislation

Sandwiched in among other measures, such as the Soldiers' bonus and the annual appropriation bills, affecting the National Budget and now engaging the critical attention of the Congress, we note with more than passing interest the McKenzie Bill having to do with the readjustment of pay of members of the Army, Navy, Public Health Service, Coast and Geodetic Survey, and Coast Guard.

Prior to the world war we were but little interested in the welfare of those who left our civil ranks to devote whole time service with the colors in time of peace. Today, the lives they lead have become a matter of no little concern, particularly to those of us who have returned to civil pursuits. We cannot too often repeat that conditions in the public services must be made as attractive as possible in order that the very best type of personnel may be attracted to them. We cannot expect to maintain efficiency and a high *esprit* in our regular services on a pay schedule that is insufficient to provide them even the ordinary comforts to which they are accustomed.

Unless relief is forthcoming prior to July 1, 1922, the members of the Army, Navy, and other services mentioned will automatically revert to the 1908 pay schedule, and the nurses to the schedules of 1918, notwithstanding the fact that today the purchasing value of the dollar is only about two-thirds its face value as compared with 1914. Two years ago, to relieve the situation, the Congress passed a provision giving them a small temporary increase which will expire on June 30, 1922. The measure now before Congress is designed not only to equalize pay among the various services, but to provide a slight increase over the 1908 schedule, and the schedules of 1918 and 1920, although falling short of the temporary increase they have been enjoying for the past two years.

In view of the fact that hundreds of the nursing profession are devoting their entire lives to the national work being carried on by these public services, the *Journal* urges its readers to give active support in the enactment of legislation which will give our representatives in those services the modest measure of financial relief

proposed by the Act in question. Local societies and individuals should also help. Tell your representatives in Congress, in both the Senate and the House, that the McKenzie Bill has your support. Write Senator Wadsworth (New York) and Representative McKenzie (Illinois), the sponsors of this bill, that you are for it.

The bill carries a substantial increase in the total emoluments of nurses. Their pay periods embrace each three years of service. During the first period their annual pay is $840, the second $1,080, third $1,380, and from the fourth on $1,560. In addition to their pay as nurses, superintendents receive $2,500, assistant superintendents and directors $1,500, and chief nurses $800 per year. Nurses are also given the same allowance for subsistence and quarters as are authorized for officers serving in the first pay period.

In the general readjustment to be effected by the bill an actual saving over the 1923 budget is assured. In fact, it can be shown that eventually the proposed bill will cause less drain upon the national treasury than if the 1908 schedule were continued in operation.

The Sterling Bill

This bill is now in the Appropriations Committee for adjustment as to salary schedules. It is believed that it is safe so far as the rating of nurses in the professional class is concerned.

In this connection it is interesting to note that the Medical Society of St. Louis, having a membership of 800, sent a protest to Senator Sterling against the classification of nurses in the Lehlbach Bill. So far as we have been able to learn, this is the only group of medical men who expressed themselves in favor of placing nurses in the professional group. All honor to them!

Hospital Day

The birthday of Florence Nightingale, May 12, was chosen as a suitable date for observance when the plan for a National Hospital Day was launched by *Hospital Management* last year. Results of the first celebration were most gratifying. Our readers will recall that in some places the opening of hospitals to guests, with afternoon tea served in the nurses' homes, proved a useful recruiting measure. The date was found a convenient one for commencement exercises, and in Los Angeles the joint graduation of several classes thronged a great hall and aroused much interest. Well planned observance of Hospital Day may easily be the means of securing needed community interest in schools of nursing as well as in the hospitals with which they are connected. *Hospital Management* is prepared to assist with constructive plans.

THE MAKING OF HISTORY IN NURSING EDUCATION[1]

By Richard Olding Beard, M.D.
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MOST of the good work of the world has been done under the inspiration of women,—and if I have done anything worth while in the cause of nursing education in America, as your Chairman has been so good as to suggest, it may be credited to the interest initially inspired by a woman—and that woman a nurse. Thirty odd years ago I met Isabel Hampton,—later Isabel Hampton Robb,—then Superintendent of the School of Nurses at Johns Hopkins Hospital. I saw her but two or three times during the remainder of her too early and tragically ended life, but in those brief interviews so deep was her inspiration that I was able to sense something of the spirit that animated her, so contagious was her enthusiasm that I could catch something of the vision that led her through all the years of her labor of love for the profession of nursing.

And she was indeed a light shining in dark places in those early days of nursing education. Her school stood out among the few in which initial fitness was the criterion of entrance, in which educational principles were put even upon a par with the economic needs of the hospitals they served.

Incidentally, of course, the pupils of the Schools of that period were prepared more or less well and the public was served by the graduation into private practice of nurses who were born for their calling and fairly trained in its technique. They were women distinguished among the many more who were neither born nor made to any good purpose. The Schools of those days were strictly institutional and nothing more, and many of them remain so still. They existed and their pupil nurses were exploited, as some of them still are, for the benefit of the hospitals. The length of the course was determined not by the measure of the student's needs, but by the hospital's demands. The content of teaching was represented by long, long hours of ward duty, supplemented by a few crumbs of knowledge intermittently fed to pupils too weary even to digest them. I taught for a while in one of the schools of that primitive period, but my ideals of nursing education were too high and my appointment to its gratuitous service did not last long. My propaganda was too eager for that day. Many were the years through which a

[1] An address delivered on January 30th, 1922, before the Second Annual Meeting of the Central Council of Nursing Education, Chicago.

few of us cherished those ideals,—without hope, and seemingly without God in the world of nursing;—until, in 1910, there "rose a tide in the affairs of men," in Minnesota, "which taken at the flood" led, unexpectedly, "on to fortune" in more ways than one. A gift of money large enough to build a teaching hospital came to us. It opened the door of opportunity for the creation of a University School of Nursing and earnestly the opportunity was seized. I shall never forget the great annual gathering of nurses of that same year in Minneapolis, under the two national organizations; or the electric enthusiasm which stirred them when I was permitted to announce to them that the first University School for Nurses in the world had been organized; and through the memories of that momentous day I see still the glowing face of the noble woman who sat there unashamed that her tears of joy were falling for the realization of her long, long dream of the University education of the nurse. When the Book of Fame of America's women is writ, by the test of Abou Ben Adhem's greatness, the name of Isabel Hampton Robb should lead all the rest.—She loved her fellows, women and men alike.

The following years, preceding the war, mark a period of slow but steady progress in the making of the history of nursing education. Within that time, two or three major Universities followed in the footsteps of Minnesota, adopting or organizing Schools of Nursing. The water that passes under the bridge of time often moves almost imperceptibly, until it gains some sudden accession of volume or receives some telling impetus of force.

And then came the War and all history, social and political, paused for the season of the Great Conflict and time stood agaze like Joshua's moon at Ajalon. Disorganization and disruption involved, with everything else, the profession of nursing. Thousands of nurses were lost, for the time being, to America. Thousands of them were lifted out of the common grooves of ordinary occupation and behavior. They were parties to, and witnesses of tragedies which threw all their past out of proportion and for the time being distorted the perspective of their future. The experience gave to many of them new visions of their own possibilities; it opened up to them new and broader avenues of usefulness than they had ever thought of entering; it delivered them into the lap of the disordered present conscious of a different destiny than they had ever dreamed of, aware of themselves as they had never been before. And not to them alone, but to many, many women, at home and abroad, it gave a new vocational impulse, a new appreciation of their need of preparedness, associated with a new diffidence in the choice of a calling, a new caution in entering upon new and unaccustomed ways.

It gave to society, at large and everywhere, an awakened consciousness of the superlative values of human health. It created a yet growing demand for the public service of trained women to conserve these health values through a score of health agencies. It sent many of our graduate nurses and social workers back to school to make themselves ready to answer these imperative calls. It drafted women in large numbers out of private nursing into these new fields of service. It left their thinned ranks to be slowly refilled by young graduates,—and for the time being, the new candidates for nursing education have not sufficed. We shall be able presently to see some of the reasons why their numbers have measurably failed. The nursing profession is not exceptional in its disordered destinies.

These are days in which under the compulsion of a world-wide need of readjustment we are once more making history and making it faster than we ever have before; when we are living so intensely, in so fierce a light, so radiant a heat of action and interaction that the recent past lies all in black shadow and casts no afterglow upon the present. Small wonder that men and women are seeing things in the past that were not there; that their imaginings even of current events are overdrawn. Perhaps there has never been a time when the sober judgment of the human mind would better serve and when it is more apt to be warped; never a time when we have needed to pray more fervently to be saved from the dangers of extremes and when we are more prone to run into them; never a time when more devoutly should we long for the mental vision to see life straight and to see it whole and when men have been more blind to the meanings of their immediate present.

If we are rightly to measure up the needs of nursing education, in these perturbed days, to discover our own obligations to the question, it must be by means of a thorough-going social diagnosis. We have to outline a case-history of the situation as the physician does of his patient. We have to take account of all the factors involved in the problem—and the first of these factors is the girl who *wants* to be a nurse.

Much of the treatment of the question in the past has failed, because it has been attempted without due reference to the nurse herself,—but we have learned that we must not only consider the nurse in the profession and the nurse in training, but the nurse who is still potentially in the making. Significant of her recognition is the educational campaign we are undertaking. We are talking today to high-school girls about the vocation of nursing, we are pivoting upon the point of those immemorial functions of womanhood which have made her the nursing mother of the race, the minister to the

sick and the suffering, the binder-up of the broken in body as in spirit. If it is true,—and I believe it is—that nurses are born, then the vocational guidance of future nurses should be begun at an early age. In doing it we are making merely an intelligent application of the principle of natural selection.

And the girl who *wants* to be a nurse, and the girls who *want* to do a number of other things, are just waiting for help. They, together with the rest of us, have learned, among the lessons of the war, the dignity of human service and the essential of fitness, of preparation for it. The new evangel of service has taken hold upon them. Unlike their sisters of an earlier generation, a definite calling is appealing to them not as the exception, but as the rule. They are doing their own thinking and it is centering upon the two vital questions: "What is my job?" and "Am I fitted for the job?" And, by and by, when they have made themselves ready for the job and they have taken full possession of it, they will be asking themselves the further question,—and the question-mark is always the point of progress,—"Is the job big enough for me?" It is token of the faith in womankind that runs in my blood that I can hear them in ever-gathering numbers praying the prayer of Phillips Brooks—"not for tasks equal to their powers, but for powers equal to their tasks."

And yet today we have the curious spectacle of a learned doctor, of marvellous ability in his own field, of world-wide fame, the devotee of diagnosis in practice, writing a prescription for the public upon an imperfect case-history. It reads, "Wanted: 100,000 Sub-Nurses," and it details to the pharmacist the ingredients of the prescription and the method of preparing them. These sub-nurses are to be made out of country girls, financially unable to secure a high school education, accustomed to simple conditions of living, unpossessed of the spirit of social unrest and willing to work for a relatively small wage. And they are to be prepared for the business of sub-nursing, not by a sound education that will make them safe in the handling of human health and human life, but by a brief course in the technique of a nurse's training.

Why, most of our candidates for admission to the schools of nursing have always come from the country and they are just as able to enter and to graduate from a high school course as anyone else; and most of them want to get away from the so-called "simple life" at home; and most of the farming districts and small towns from which they come are the very centers of social and political unrest; and it does not take these country girls any time at all to ask proportionately as high a rate for their services as their fathers ask and earn for their wheat.

You have the very "reductio ad absurdum" of the sub-nurses' prescription in the alleged nursing school of your local Health Commissioner. Fortunately, the embryo output, of six weeks generation in that school, will speedily take care of itself. Abortive births in the cul-de-sacs of social evolution die of inanition. As Tennyson puts it, Nature,—and human society is a phase of nature,—is wonderfully "careful of her types" and very "careless of her individual forms." The unfit in any calling are quickly re-absorbed into the social mass. Of the biologic order of the ephemera, they soon pass away. Whether or no we believe in the Guiding Hand of Providence, we doubtless recognize a guiding principle in human development and there is a sense of guidance and of safety in the assurance that these "little systems have their day,—they have their day and cease to be—and Thou, O Lord! art more than they!" The blind eddies they form upon the shores of our social life-stream do not materially affect its onward flow.

There is one significant thing in the cosmos of these would-be nurses, even though they come from the country,—they want the best by way of an education they can get. Most assuredly they do not want to be sub-nurses. They only want to know what the best is. They are growingly wary of institutional training. They do not want to spend three years of their young lives in any hospital, for the hospital's benefit rather than their own, and that fact has to be reckoned with in the near future. It is true that there is more or less of selfishness in their viewpoint, but there always is in the young. The hospital administrator complains that the spirit of sacrifice is dead or dying; but he will find it alive and burning with its ancient flame in the heart of woman in any good cause.

The next factor in the problem of nursing education is the nurse in training,—we wish that we might say the nurse in process of education. The stones of technical training have too long been substituted for the bread of teaching. In the past of her training for the practice and profession of nursing, we have demanded some things that are not in the nature of the young student; we have tried to separate her from some things that are an essential part of her nature; we have proved ourselves ignorant in a degree of her psychology. And her reaction is just now, like all human reactions of this post-bellum period, very strong.

It almost seems, sometimes, as if the nurse in training was expected to constitute a new species of womankind. She must be proof against the ordinary temptations of youth, even to the follies of fashion. She must submit to a discipline which no student in any other school or college would be asked to accept. She must not *see*

the internes when she is on duty and she must not go to Church or theater with them when she is not. When she dons the cap she must "take the veil," even if she does not wear it, and be proof against invitations to matrimony either before or after she graduates. She must live on earth, as they are supposed to live in heaven, where they "neither marry nor are given in marriage."

Recently we have read the published complaint that 43 per cent of the matriculants of nursing schools marry before they graduate. The statistics are at fault. A review of the figures in seven major schools of the country, including our University School, shows that between two and three per cent marry before they get a diploma and an average of twenty-six per cent marry within the ten years following their graduation. Considering that by and large they seem to be an unusually attractive group of young women, falling within the age limits of their schools and therefore within the period of greatest liability to the disease, this is a really remarkable showing for their acquired immunity. Possibly in our own School we have diminished their liability by giving them a quite free opportunity to find out the pitfalls that await the unwary. Doubtless a fair proportion of them happily remain indefinitely liable. As one ancient lady said to another, as they sat canvassing their remaining possibilities, "Mary, so long as there are widowers in this world none of us is safe."

Let us take the entirely sane position that the education of the nurse for the future destiny of marriage is a contribution to the public good. Let us be glad that she will make a better wife and mother because she is a nurse. Surely we should hesitate to make marriage a reproach in any calling of man or woman.

If we expect to maintain the membership of the profession of nursing to the level of the public need, the education of the nurse must be kept adequate and be made attractive. Personally, I believe that these combined requirements spell the doom of the strictly institutional school of nursing of the past, perpetuating itself in a degree into the present, and none the less so that we do not fail to appreciate the service it has rendered to the public rather than to the profession of nursing.

No one who is in close touch with student nurses can fail to be impressed with their steady demand for the fullest educational advantages that can be offered them; for their own recognition not as pupil nurses, but as students of nursing, alike a distinction and a difference; for their freedom from those disciplinary restrictions which are irksome and depreciative of character; for the substitution of student government by which their moral sense and their sense of social justice may be developed.

It is at least questionable whether these things are to be attained for the student nurse through the medium of the institutional school. It is quite clear that the time has come when nursing education must be promoted for its own sake rather than in the interest of the private or public hospital.

The alternative of institutional training,—the University education of the nurse, is now well organised in some ten major Universities and will certainly extend to others within the next few years. This development has been brought about either through the association of a teaching hospital, providing a practical laboratory for nursing students, with the University; or by a union of already existing private or public hospitals with the teaching institution, under which the control of their Schools of Nursing has been placed.

In the establishment of these University relations two things at once appear:

First, the interest of public or private hospitals in nursing service must be guarded. Hospital needs must be respected on the one hand and the interests of nursing education must be protected on the other. Social disaster would follow the withdrawal of student nurses from institutional schools unless the nursing service in their parent hospitals can somehow be insured. Economic disaster would inevitably follow if the hospitals were compelled to employ graduate nurses in their wards.

Second, the capacity of the teaching hospitals associated with the University Schools of Nursing limits their registration of nursing students to a point which will eventually prejudice social interests at large. The social need of nurses alike for private practice and for public service must be met.

Inconvenient, for the time being, as the withdrawal of nurses from private practice into public service is, it will and should continue. The larger good of the public health demands its prior respect. It is this, indeed, that makes for much of the present famine of nurses for private call. If we go back but a few years, before this new and broader field of nursing activity developed, we find that the need of nursing service in hospitals exceeded the demand for nurses in private practice. As a result, in the larger centers of population, there was an over-supply of private nurses and many went partially unemployed. It was an exception to find a nurse who was occupied in service for more than seventy to seventy-five per cent of her time.

Today, the private and the public service fields will approximately balance the hospitals in their employment of both graduate and undergraduate nurses. It was this earlier discrepancy between hospital and social nursing needs that led to the pernicious practice

of paying a bonus to nurses in training. It put a premium for the time being upon the hospital school service. Fortunately the practice is falling into disuse in the major schools. It is destined to go into the discard altogether.

The present is a more favorable time than the past could possibly have been for the multiplication and growth of University Schools of Nursing. It is not too much to say that the day of the University education of the nurse which dawned in 1910 is coming very rapidly to its full noon-tide. We have a fulfillment of this prophecy in the history of medical education in America. Private schools of medicine have progressively diminished in numbers, either by consolidation or extinction, and the schools that remain are in the large majority of them under University control.

The like destiny of nursing education is hindered only by the recognition of the hospital's need of nursing service, but this need is being significantly met by a new expansion of educational methods, by a process of centralization of teaching and by association of several hospitals with the University School.

Minnesota affords an object lesson of this new phase of development in nursing education, outlined and put into operation within the past year. By the initiative of the Charles T. Miller Hospital, of St. Paul, with 200 beds; of the Minneapolis General Hospital with some 750 beds; and the new Northern Pacific Hospital of 200 beds, the School of Nursing in each of them has been merged with the School of Nursing of the University of Minnesota, and these institutions, together with the University Hospitals, are associated as the practical laboratories of the students in nursing. A preliminary course of instruction in the fundamental medical sciences, in physical culture, hospital economy, ethics and principles of nursing and personal hygiene, is given at the University. A new class is entered in every quarter of the year.

The total number of nurses in registration, which has already doubled upon previous records, is pro-rated to the associated hospitals in proportion to their filled beds and their present nursing needs. Under the limitations of this apportionment, students, in the order of their scholarship, are permitted to choose the hospital of their principal residence, from which they are rotated to special services in the associated hospitals and dispensaries in order to secure for them the most complete and varied experience these institutions can afford. This rotation is approximately reciprocal and for specified periods of time. The hospitals jointly pay the expenses of maintenance and publicity, their practical nursing service is gradually being standardized, while the cost and the conduct of teaching are assumed

by the University. To all students the University gives, upon completion of the course, the Degree of Graduate in Nursing.

The Superintendent of each hospital and the Superintendent of Nursing in each hospital are appointed by the University upon a committee of direction. The teaching members of each hospital nursing staff are to become members, with appropriate rank, of the University faculty and it is hoped to secure, soon, the appointment by the University of a Director of the entire School. A similar centralization of Schools of Nursing under University control and a similar association of hospitals for nursing purposes is being worked out at the Western Reserve University in Cleveland.

It would appear to be entirely possible to provide for a like achievement of University education for nurses and a like grouping of hospitals for its promotion in Chicago. Through the media of the Northwestern University, the University of Chicago and the University of Illinois, the nursing services of the principal hospitals might be so combined.

It is altogether likely that the report of the Survey Committee of the Rockefeller Foundation will add the weight of its influence to that of the Cleveland Survey and to the preliminary report of the Survey Committee of the National League of Nursing Education, in favor of the development of University Schools of Nursing.

I have suggested, already, the wisdom of determining at an earlier age the vocational tendencies of high school girls who are soon to graduate. A study of this question reveals at once the gap which ordinarily exists between the average age of graduation of the high school student and the age at which in the major schools pupil-nurses are admitted. A number of Universities,[1] and Minnesota among them, have undertaken to bridge this age-gap by the offer of a five-year course for students of nursing. The first two years are taken in the College of Science, Literature and the Arts, to which the student may be immediately admitted upon high school graduation. Subjects in these two years are selected with reference alike to their cultural value and their specific influence upon the future work of the nurse. A succeeding quarter is devoted to the completion of the preliminary course for nursing matriculants. Two full years of twelve months each are then taken in hospital and in undergraduate instruction. A fifth year is divided between advanced hospital practice and courses in public health nursing or in the pedagogics of

[1] Among the Universities offering the five-year combined course in Arts and Nursing are the University of British Columbia, the Universities of Cincinnati, Iowa, Michigan, Washington, California and Minnesota; Stanford, Washington, Columbia, Western Reserve and Northwestern Universities, with Simmons College, Mills College and Occidental College.

nursing education. Upon the completion of the five-year course the University confers upon the successful candidate the double degrees of Bachelor of Science and Graduate in Nursing.

During the first year in which this combined course was offered at Minnesota eight students elected it. Today, in its second year, it registers sixteen students.

I am fain to believe that education in nursing will again follow the lead of education in medicine and that within a few years all student nurses will enter for the five-year course. It is safe to say that it will be an important feeder for the School of Nursing. This movement, in all probability, anticipates some recommendations that the Rockefeller Survey Committee may have to offer. I do not know what that report will say, but there are rumors in the air that it will frankly recognize the excess of time required for the technical training of the nurse in the purely institutional or hospital schools; that it will deprecate the devotion of so much of the student's preparation years to hospital service. It is devoutly to be hoped that it will. At the same time I predict that it will put the emphasis upon the higher education of the nurse. It is after all not so much a question of the time element in education, as it is of the content of teaching. In the major and particularly in the University Schools the student will not be less, but more intensively trained. If some of the training toward specialized nursing is cut out, it will be no misfortune. It belongs in graduate rather than in undergraduate education. The hospital will suffer by the contraction of its nursing service, but the educationist will be ready for any adjustment that will improve the real values of teaching. It is not a question,—and it never will be a question of shortening the time of training in order to crowd nurses the earlier and the more quickly into private nursing. It is and it always will be a matter of the best form and subject matter of education, to best prepare the nurse for the public service. If the period of her practical training is to be shortened, it will be compensated by the offer of advanced study and it may safely be anticipated that she will be ready to avail herself of the opportunity.

And at this point we come to a recognition of the last and the dominant element in the problem of nursing education. The interests of the would-be nurse, of the nurse in training, of the graduate nurse are to be considered and safeguarded. The nurse in training is to be protected from hospital exploitation and the hospital which promotes her education is to be protected from undue economic loss. But in the last analysis it is the public that is to be served. The nurse is an agent of social service. She is a member of a privileged

profession and she must pay into the treasury of the public good her tithes of obligation.

It is in the interest of the public, first, that the nurse, whose business it is to conserve human health and human life, shall have adequate preparation for her work; and second, that the completed product of her education—the service of the nurse herself—shall be available to all economically conditioned classes of society.

It is further in the interest of the public that super-trained nurses shall be educated in sufficient numbers to fill the positions in visiting nursing agencies, infant and child welfare organizations, public school health service, rural community nursing, and industrial nursing, which contribute so powerfully to the restoration of health, to the prevention of disease, to the physical and mental development of childhood, and to the protection of workers from injury. The Universities are doing their part to meet the emergency of this increased demand for social service nurses. A number of them are offering two courses in public health nursing to graduates and to senior students in nursing in each University year.

The threatened famine of nurses, so popularly discussed, has been more apparent than real. The shortage has already diminished. Hospitals are still undermanned, but the need of the private hospital may no longer be accepted as the measure of the public need.

The point of principal failure in our nursing system is in the homes of the moderately circumstanced who find prevailing fees for nursing service difficult to meet.

The point of principal attack upon the profession of nursing has been of overcharge for nursing service and of shortening of nursing hours. A survey of the economic situation shows, first, that the daily wage of the graduate nurse is not in excess of the cost of common or unskilled labor and is far less than skilled labor even now secures. It shows, second, that the average graduate nurse throughout the country gives twelve hours of hospital service and nineteen hours of private service at a charge of $5.00 to $7.00 a day.

And yet it is frankly admitted that many families in moderate circumstances cannot meet these fees in the event of sickness, any better than they can pay the present excessive rates for fuel or for the plumbers' labor.

The obligation rests not upon the nursing profession alone, but upon the nursing organizations, upon the relief agencies, upon our social bodies in general, to get together for the solution of this grave problem.

To offer to the narrowly circumstanced an initially cheap, inexperienced, untrained, or inferior nurse is miserably to beg the ques-

tion and inexcusably to shirk a social duty. The wealthy can buy at pleasure the services of the graduate nurse. The indigent receives, through grace of taxation, the same quality of nursing care. The majority of our families who stand economically between these groups have a right to as good a quality of service as either of them. It is a matter of achieving the mechanism of supply and of educating the people to its use.

In the hospital, under competent supervision, a fair quality of nursing service is available. It is a service fitly graduated to the needs of the sick. It can be furnished more cheaply than the graduate nurse can be employed at home. It is a service subdivided, but ordinarily efficient, for the small group of patients the nurse serves. The public, wealthy or not, should be taught to turn to the hospital as the suitable home of the sick.

The wealthier classes of society should be convinced of the injustice of monopolizing unnecessarily the service of trained nurses, simply because they can pay for it. Graduate nurses should find it incompatible with their self-respect to be reduced to the position of nurse maids or waiting maids, on a full salary for nursing service. Social agencies, notably the Visiting Nurses' Associations, should be more adequately organized for the hourly supply of graduate nurses to the measure of their patients' needs and at moderate cost. This is nothing more than an imitation, and a most effective one, of the subdivided service of the hospital nursing group.

There appears no practical reason why graduate nurses should not organize themselves, under a supervisor, into group clinics, in which specialized nurses may be associated for the distribution to the public of hourly service of the most efficient order at a time-proportioned cost. Many a nurse might earn as substantial an income, enjoy a more varied experience and secure freer hours of rest and recreation by such an organization as this. It is essential only that some responsible agency should underwrite the clinic and insure its satisfactory business management.

I fancy there is yet another possibility of social relief for the present inequality of opportunity in nursing service which might be developed to the benefit of the Schools and the better education of the nurse in training. The suggestion is that senior nurses, in the latter half of the third year, might be assigned on call to private nursing in the home or to special nursing service in the hospital under the immediate direction of a supervisor provided for the purpose, for a total period say of two months, in rotating groups; that one-half of the customary fee for the graduate nurse might be charged for this service, to be divided in equal parts between the School and the

employed student nurse. The value to the senior nurse of this private nursing duty would be great. Her small earnings would materially assist her in carrying the personal burden of her education. The patient would receive practically equivalent care with that of the graduate nurse and at lesser cost. The hospital would be compensated in a measure for the supply of the nursing service. The public would be protected from exploitation by the so-called practical nurse or the proposed sub-nurse. The scales of social justice would be measurably levelled up. The profession of nursing should be happy to concur in this contribution to the public welfare. In the end it would not be a financial loser.

I would not close this discussion without adding my assurance that the profession of nursing, as a whole, has always been as ready as any other group of citizens to accept its share of social service; that as often as any it has given its private aid, on occasion, without money and without price; that it has been ever ready to do its part at the instance of civic, state or national call. It does not need my defense, but it has the tribute of my admiration in this regard. Its record in the Great War is witness enough to its capacity not alone for service but for sacrifice.

I fancy that human nature in any comparative calling is pretty much of one piece. A cross section of its membership will reveal the same virtues and the same weaknesses that other similarly educated people share. Human nature is oftener measured by the standards of the individual observer than in any other way. It is very much what we think it to be. Thinking it high we shall always find it higher than we rated it,—thinking it low we shall find it lower than we thought it,—"the fact being," as Gregg says, "that it is capable of infinite height and infinite fall."

In the direction of nursing education, those who bear the responsibility of teaching should remember that there is large room for the intelligent application of the principle of natural selection. I have no patience with the distinction drawn between natural and so-called artificial selection. Selection is no less natural because it is influenced by the intelligent, or the intelligently directed, choice of human selective material. For the past twelve years we have sought to select for registration applicants in nursing who give the promise of fitness. We have made an occasional error in either choice or rejection, but in general a careful discrimination has proved well worth while. Perhaps I should say that in a large sense we have tried to direct the individual's own choice of a profession.

Because there is a relative shortage of nurses in public and private service, we should not lend ourselves to the temptation to

accept the doubtfully fit. It may not be possible at once to determine the spiritual attitude of the neophyte toward a life of service, but in the course of her education, be that attitude bad, good, or indifferent, it will indubitably come out. If the spirit of service is not in her, however well she may be technically trained, she will eventually write failure across the page of her life history. She may make technical errors now and then, she may miss a grade here and there, she may need the discipline of criticism, but if there shines through her work the spirit that gives and gives again *herself*, she will win out at last.

The nurse may be born in the body and she needs none the less the full values of educational training, but she whose devoted and disciplined spirit, with each new day of service, is born again, is a nurse indeed!

BIBLIOGRAPHY ON NURSING EDUCATION AND THE PROFESSION OF NURSING

RICHARD OLDING BEARD, M.D., *University of Minnesota*

1. The University Education of the Nurse. An address delivered at the joint session of the annual meetings of the Superintendents' Society and Associated Alumnae of Trained Nurses of the United States (now the National League of Nursing Education and the American Nurses' Association). June, 1910. Teachers College Record, May, 1910.
2. Ibid, with appendix, 1919. Published by the Educational Committee, National League of Nursing Education, 370 Seventh Avenue, New York.
3. The Social Development of the Nurse. The American Journal of Nursing, July, 1912.
4. The Trained Nurse of the Future. Transactions of the American Medical Association. Section on Hospitals. June, 1913.
5. The Education of the Nurse as a Social Servant. The Commencement Address, Minneapolis General Hospital. June, 1914.
6. The Social, Economic and Educational Status of the Nurse. The Commencement Address at Lakeside Hospital, Cleveland. American Journal of Nursing. August and September, 1920.
7. The Education of the Nurse. Abstracted and read at the annual meeting of the National League of Nursing Education. 1921. The Journal Lancet, Minneapolis. April 15, 1921.
8. The Spirit of Social Service. An address before the annual meeting of the Minnesota Unit of the American Association of Hospital Social Service Workers. January, 1922.
9. Fair Play for the Nurse. The Pictorial Review. February, 1922.
10. The Making of History in Nursing Education. The annual address, Central Council of Nursing Education. January 30, 1922. American Journal of Nursing. April, 1922.

ANCON HOSPITAL, PANAMA CANAL

By Gertrude Molloy, R.N.

Detroit, Michigan

ANCON HOSPITAL, a most interesting institution, originated in 1882, under the supervision of the French Sisters of Charity. Since 1904, when the construction of the Canal was undertaken by the Americans and the hospital was taken over by the United States Government, it has made possible the accomplishment of the greatest engineering feat of the age through the indomitable spirit and splendid courage of General Gorgas and his staff who mastered the dreaded tropical fevers that claimed so many victims during the construction period.

This institution is the largest on the western hemisphere south of the United States and is considered the most beautiful in the world. It handles any class of cases, as it has all the modern equipment and apparatus associated with a hospital for the diagnosis of operative and medical diseases. Virtually all the civilian and military patients of the zone are treated here, also many people from the Republic of Panama, Central and South America as well as some persons of international note.

The hospital is situated on the northern and eastern slope of Ancon Hill overlooking Panama Bay. The grounds are terraced and the landscape gardening beautifully executed, making the environment pleasing to both the sick and well. Many varieties of tropical plants and flowers of brilliant hue and shades planted here and there create a harmony of color and enchanting beauty. The group of buildings comprising the hospital is patterned from the architecture of the Italian Renaissance. Porches connect the sections and wards, and rooms are shielded from the tropical sun and rain by wide corridors. The buildings are carefully protected against insects by copper screens.

The nurses' home is an attractive three-story concrete building with a large reception room and individual rooms, furnishing homey and comfortable quarters for eighty nurses. The attractiveness of the quarters is increased by a wide veranda accessible from each room. The home overlooks Bella Vista Beach and the Tivoli Hotel, made famous in Rex Beach's popular story, "The Ne'er Do Well."

The nurses are appointed through civil service examination. The work in the hospital is the general nursing care of the patients, in which the nurses are assisted by one hundred and twenty-six attendants and forty-six maids, mostly splendidly trained Jamaicans.

In the early days of the construction of the Canal the nurses faced trying conditions, for the dreaded malarial fever claimed many victims among the workers of the canal. These splendid women endured the hardships and battled against odds, giving little or no thought to the dangers they were facing. Today the method of eliminating the mosquito has been so perfected that one would never contract the disease within the Canal Zone, but outside these few miles the fever still lurks and the possibility of contracting it makes a journey into the jungles or adjoining towns a hazardous thing.

With the changing conditions of the nursing profession in its development and striving for higher ideals, the hospital has met the demands and today the nursing corps of Ancon Hospital has expanded and grown with the profession and strives to bear in mind the fundamental teachings of the nurse's early training of service and charity toward the afflicted.

YESTERDAY AND TODAY

A Tale of Two Hospital Experiences in One Woman's Life

By Mary F. Laird, R.N.
Rochester, N. Y.

OUR neighbor tapped on the window as I was passing and had the door open before I reached it. She was sobbing as if her heart would break and saying, "I can't possibly let her go to that awful hospital." Between her sobs she told that she was to take her sister to the hospital that afternoon and that she was to be operated upon in the morning.

Then followed the story and the reason for her dread: "I shall never forget the day over ten years ago that they operated on my father. It was the most awful experience I ever had. They took him to the operating room an hour before his turn came and mother and I sat outside in a dark, gloomy hall watching people come and go with never a smile. They just rushed in and out, and of course we thought they started to work on father as soon as he was inside of the door. After three hours of that agony, hearing him groan, as we thought, I began asking everybody who came out of that room how my father was or if he were dead. They would all shake their heads mysteriously and say they did not work there. At last after four hours had passed both doors opened suddenly and a wheeled stretcher was whisked through the hall, upon which lay my father, white and moaning. Mother and I stood there dazed, not knowing

whether to follow or not. We did not dare speak to the nurse or to the man who was wheeling the stretcher. The elevator door opened and closed and we were left standing there as if rooted to the spot.

"Some way or other we stumbled to father's room. He was in bed. The nurse told us to wait in the hall. We stepped out and nurses hurried in and out, but no one spoke a word to us. We stood and stood, but could find out nothing except 'He is as well as can be expected.' We were both numb all over. Every moan terrified us, and the sickening sweet odor hung heavily in the air and nauseated us. I asked one of the nurses for some hot tea for my mother. She nodded her head and after a long time she appeared almost stealthily with a small tray on which were cup and saucer and a small pot of hot water. This she placed on a stand. Without a remark she disappeared as if she did not want to be seen giving it to us. We learned that we must not ask questions. That dreadful, dreadful night! Can I ever live through another!

"Oh, yes, father lived and he said they were good to him, but it was such a mechanical goodness, just the way the coffee grinder is good, because it grinds coffee for you."

The next day our neighbor called and was beaming. She said: "I never saw such a difference in a place as there is in that hospital. Do you know yesterday morning they did not take my sister to the operating room until they were ready for her. And twice a nurse came out of the room, and when I asked her how she was, she asked the name and went back. When she returned she said, 'Dr. ———— says she is doing well. He will be through shortly and will tell you all about it. It won't be long now.' Then a dear little woman came to us and said, 'It's after twelve and you haven't had lunch. If you will come in this room, I'll make you a cup of tea.' And do you know, she actually gave us a cup of real tea and some wafers.

"The next thing I knew they were taking my sister to her room. The doctor came and told us just what he had done and that she would be very much better, but that it would take her a long time to convalesce and we must be very patient. But I came home this afternoon with no desire to stay there because I knew that skilled and tender hands were working not only for my sister, but for every patient in that hospital. Everybody was cheery. All the doors were wide open. And now when I read articles criticising nurses and hospitals and hear some saying that training schools are not what they used to be, I say reverently, 'Thank God, they are not.' I think now, if I had a daughter I would like nothing better than for her to have such a training for her hands, mind, and heart."

NURSING IN GOVERNMENT SERVICES[1]

SECOND PAPER

By Mrs. Lenah S. Higbee

Superintendent Navy Nurse Corps

SINCE the nurse viewpoint of the treatment of patients under the Veterans' Bureau is considered sufficiently important to be discussed, it is a matter of regret that the chief nurses of the hospitals have not been summoned to this important conference. The nursing subject comes directly under the commanding officers of the hospitals, but in presenting the more intimate views of the nurses, the opinions of the chief nurses would be more helpful than the opinions expressed through the medium of the superintendent, whose knowledge of the situation is obtained from reports. Letters have been sent to the various chief nurses requesting definite information on this subject and asking if any particular presentation could be made to this important body which would be helpful to them in their care of the ex-service men.

In the naval hospitals, which have had the greatest success in treating the service beneficiaries, the commanding officers have put a frank presentation of the situation to the patients, pointing out the necessity for certain restrictions and discipline, and urging coöperation. This preliminary presentation by the commanding officers when followed by the kind, yet firm, supervision of the ward officers and also by the tactful, helpful attitude of the nurses, who in turn coöperate with the welfare and vocational workers, in time break down the attitude of opposition, resentment, and destructive criticism which many patients have when first hospitalized. The chief nurses have stated that the care of these patients means only "more patients." There is no special problem in dealing with them under the above conditions.

It would seem, therefore, that the problem, as has already been pointed out, exists chiefly in the United States Public Health Hospitals where the greater number of patients from the Veterans' Bureau are receiving care and treatment. A large percentage of these patients would correspond to our navy ambulant cases. Among the remainder, the neuro-psychiatric and tuberculosis patients predominate and it must be accepted that the intelligent care of these patients requires additional instruction and greater experience than are obtainable in the usual course of training.

[1] Nursing as presented by Superintendents of Government Services at the meeting of Medical Officers of United States Veterans' Hospitals, Washington, January 18, 1922.

There is considerable discussion among doctors, at present, regarding the fundamental qualifications which the trained nurse should possess; and there have been charges of over-education and a tendency to commercialism which result in unrest and in losing sight of the basic principles of our profession. The charge of commercialism is so unworthy the medical profession that I shall let it pass without comment, but I do not consider it beside the present question to comment upon the statement of over-education. It may be conceded that a nurse, possessing a preliminary graded school education, who has been carefully taught for two or three years in an accredited hospital, is able to give nursing care, under medical supervision, to the sick bed patient. Her greater value to the physician and to the patient because of greater knowledge due to higher educational standards need not be discussed here. It must be further conceded, however, in dealing with the phase of the nurse's work we are discussing that the influence of nurses on the patients of the Veterans' Bureau is more constructive mentally and morally than is the influence of nurses who care for the acutely sick; which is, usually, particular personal care for a comparatively brief period. Nurses who care for convalescent and Veterans' Bureau patients are required to serve long hours of duty in which little change in the condition of the patients is noted; and yet so great is this responsibility, so important is the work from humanitarian and economic viewpoints, that the nurses must always be on guard against the insidious lack of interest which comes from routine care ;and they must keep themselves so alert that their great opportunities for personal influence among these men shall not be neglected in any particular. With any degree of sickness, there is distorted judgment and pre-disposition to give undue stress to trifles. The educated nurse knows this and knows also that the semi-helplessness of protracted convalescence and the resultant sense of dependency, are among the chief factors which must be considered in dealing with these special patients. She must influence the patients to be receptive to hospital restrictions; she must counteract the tendency to destructive criticism and disloyal statement; she must be sympathetic but not maudlin; she must recognize that they are ill but she must not encourage helplessness; she must suggest activity and encourage pride in endeavor and accomplishment. She must present the best viewpoint to the particular patient and this means an individual understanding of him and his needs. Only educated nurses (meaning that the aim of education is to develop the faculties of the mind and body) who have courage, refinement and dignity, who are loyal to their country without the stimulus of war, and who strive to maintain the high ideas of their profession, can be successful in

coöperating with other agencies to restore these men to health. More and more it is recognised that we must look to education to destroy irrational suspicion and to restore health and sanity. Reconstruction and rehabilitation of the ex-service men cannot be an affair of merely rearranging tangible elements, such as food, money and clothes. It is by example, by encouragement to make an effort to overcome helplessness, by explanations of the reasons for necessary treatment and restrictions, that the nurse will succeed in helping to replace quiescent dependence with the unsleeping desire and motive of service as active citizens.

The Public Health Nursing Service has been established a comparatively short time and yet under the Surgeons General of that Service and due in a great measure to the indefatigable efforts of the present superintendent of nurses, who has held persistently to high professional standard despite tangible and intangible difficulties, more qualified nurses are attached to this Service at the present time than in the combined older services of the Army and Navy Nurse Corps. Having procured these nurses who, for the most part it is believed, accept the additional responsibilities which the care of such patients involve, every effort that is made to retain them is worth while; since their value increases with length of service. From an economic viewpoint, if for no other reason, efforts should be made to give these nurses adequate payment for trained service; to provide living conditions which they require as educated and refined women; to recognise that rest and recreation are necessary if the physical standards and morale are to be maintained; to acknowledge their professional status and to give recognition to them as co-workers with the medical profession.

With these requirements satisfactorily adjusted by those who have the power of formulating the necessary rules and regulations, the work of the nurses who care for the maimed bodies and sick minds of the patients of the Veterans' Bureau will be productive of even greater beneficent results than have already been obtained; for such nurses seek to maintain the fabric of the world and in the result of their unselfish efforts is their prayer.

THIRD PAPER

By Lucy Minnegerode

Superintendent of Nurses, U. S. Public Health Service

MAJOR STIMSON has placed before you some of the most urgent problems and difficulties existing in the Public Health Service hospitals dealing with the ex-service men. The difficulties of the problem can be realized and understood only by those who are in

close association with the Service, and that the nursing department of the Public Health Service has been able to accomplish even a measure of success has been in a large manner due to the coöperation, counsel and advice given by the superintendents of the established nurse corps of the government.

On March 3, 1919, the Public Health Service had available 1,500 beds in 23 hospitals, and practically no nurses. Chief nurses were unknown in any of the hospitals. There was no machinery for the recruiting of nurses. In regular Service hospitals, there were no quarters for nurses, and the Service is still concerned over a solution of these difficulties. At the present time there are 1,796 nurses in the hospitals operated by the Public Health Service.

As has already been said, the problem of giving the most efficient care to the disabled ex-service men in the hospitals of the Public Health Service is a little different from that of the Army, due to the fundamental differences in the organization of this corps of nurses.

The nurse corps of the Public Health Service is a civilian organization, pure and simple, though 99 per cent, probably, of the nurses now serving in the Public Health Service are ex-service nurses, familiar with the problems of the care of ex-service men.

The aim of the nursing department of the Public Health Service is to give as efficient nursing care to the patients in these hospitals as can be given, to see that the nurses coöperate in every possible way with those responsible for the care of the patients,—that is, the Medical Officers in Charge—to recruit a sufficient number of qualified nurses to meet the needs of the Service, and to recommend the establishment of such policies in the nursing department as will increase the efficiency of the nursing corps. The coöperation of the Medical Officer in Charge is essential; his sympathy with and support of the chief nurse must be unquestioned, if the nursing service is to reach the greatest efficiency. The place of the nurse in the administrative unit of the hospital should be clearly and definitely defined, understood and observed.

One great difficulty confronting this department is the lack of nurses specially trained in the care of neuro-psychiatric and tuberculosis patients, who constitute a large proportion of our patients. To partly meet this need, a school for nurses conducted at Oteen in September, 1921, was organized and, while this school was most successful, it barely touched the fringe of our necessities. The Service is considering a similar course in neuro-psychiatric nursing as soon as there is established a station where all conditions, quarters, lecturers, and teaching facilities can be guaranteed to produce the desired result.

One piece of nursing work which has been far reaching in its effects was the establishment of a Public Health Nursing Unit in the office of the Supervisor of District No. 4, for the purpose of making contact with the claimant of the then Bureau of War Risk Insurance, with a view to giving the claimant, who for any reason was not hospitalized, the benefit of health supervision and health instructions. The success of the work of this unit more than justified its establishment by the U. S. Public Health Service.

The type of nurse needed for this service is the broadminded woman, cultured, well trained, with those qualities of mind and heart which would enable her to grasp the tremendous responsibilities in the work we are trying to do, who will be sympathetic, but firm, who will be able to emphasize the need for obedience to orders for treatment—who can be friendly, without familiarity, and loyal to the highest ideals of her profession.

The turnover is too large, by far, and is due in some measure to conditions which are unavoidable, since they are the result of the sudden expansion of the Service, the need for immediate action, and the great difficulty in securing desirable hospital stations, both from the standpoint of construction and location. These conditions are adjusting themselves gradually, and a distinct improvement in service and morale in the nursing department, a clearer understanding of the many problems which confront the administration and the Service in the effort to give the best medical care and treatment to disabled veterans of the World War, is evidenced; and at the present time, the U. S. Public Health Service is able to keep the nursing force up to the necessities of the Service.

It is believed, however, that uniformity throughout the organizations caring for these patients would go far toward establishing a more satisfactory service, and it is hoped that this meeting of all connected with and interested in the care of ex-service men will succeed in bringing about this result.

In the final analysis, however, it is conceded that the responsibility for the proper and successful conduct of these hospitals rests with the Medical Officers in Charge, and I can truly say in behalf of the nurses of the Public Health Service, that the nursing section will coöperate in every possible way to promote the successful organization of the hospital programme, and to assure this meeting that the nurses of this Service will continue to "carry on" and to render all assistance in their power toward the accomplishment of this result.

NOTE.—Among the resolutions passed was one presented by Commander Boone of the Navy on request of Captain Backwood of the U. S. Naval Hospital, Chelsea, Mass., as follows: "Be it resolved that it is the sense of this meeting

that the pay of nurses of all branches of the Government Service is far below what it should be and, therefore, is a detriment to the entrance to or continuance in these Services of the better type of nurses; and that it be urged upon Congress by the Federal Board of Hospitalization that legislation be enacted to remedy this condition." The resolution was apparently approved unanimously.

At the conclusion of the conference, General Sawyer expressed his appreciation of the part the nurses had taken in this conference.

A MIGRATORY CASE OF ERYSIPELAS

By Mary Morgan, R.N.
Kansas City, Missouri

THE patient in this case was a physician with a large office practice who had seen no case of erysipelas recently. He came home very much indisposed and the family physician was called who, in turn, called the nurse. A hot bath was given and the patient put to bed. A distinct Widal reaction was found and a diagnosis made of probable typhoid.

By morning, an irritation around one eye was noticed. This spread rapidly all over forehead, head and face, with a great deal of infiltration. With the fire of St. Anthony heating the temperature to 105 degrees, the first diagnosis was shattered and no attention was paid to questionable typhoid symptoms. A dressing of lysol, ichthyol and lanolin was used.

About the third day the inflammation abated in the affected area, but went on down the neck and chest, traveling placidly on through the applications of iodine intended to stop its progress and making very rapid progress to the waist line. This was the twelfth day. Antiphlogistine was then applied to the affected area.

That night the patient perspired profusely and his temperature fell from 103 to 97 degrees. The change was so abrupt as to seem like a crisis. Morning came, with no new field of invasion that day or the next. On the following day the redness again took up its line of march from the waistline within an inch of space to and over the buttocks. This process was preceded by chilliness, nervousness and delirium. Morphine was given; hot applications of boric acid, and alcohol on the hips relieved the congestion considerably in twenty-four hours.

Then the inflammation began where it had left off on the front of the chest, and traveled over the abdomen, quickly covering the genital organs, anus, and surrounding tissues. Catheterization had to be resorted to, for days.

When the trouble abated in the lower abdominal region, it

migrated back to the face. Within four hours the features were very much distorted. At this stage a skin specialist was called and ordered erysipelas phylacogen, m. v., in the biceps muscle every other night.

Reaction to this was a degree more of fever, which had been running steadily at 102, and the pulse passed 120 for the first time. The eruption ceased spreading on the face and disappeared as rapidly as it came.

The next move of the disease was down the thighs, almost to the knees. It rested there for a time, but spread all over the arms to the wrist and stopped there, never invading the hands.

Beginning where it stopped at the knees, it raged with all the fury of a prairie fire on the way to the feet and ankles of both limbs, which were seriously affected, but after a five days' poulticing with icthyol solution, the inflammation subsided. About the 25th day, the ankles and feet became infected and a few days later the toes; the patient suffered more real agony from the feet and toes than from any other part of the body. It could be relieved temporarily by putting the feet in hot water. The resourceful doctor with the aid of the janitor of the apartment, who was somewhat of an electrician, arranged electric light bulbs inside a wooden box, three above, and three on each side, and our patient slept and rested with his feet bolstered snugly in this hot box with the nine electric lights blazing. With no restriction on ichthyol, the feet and all affected parts were swathed in the sad black stuff.

All at once, suffering from the feet and toes abated, and there was a little jump to the elbows, which became very red and swollen. Hot compresses and ichthyol were used and in eighteen hours the patient was again comparatively comfortable. Pus pockets formed on the right eye lid, above and below, and had to be lanced. Deafness occurred, but left gradually as the disease abated. The patient was a wonderful optimist and, helped out by his even disposition, was always calm and quiet. The family physician told him almost any other doctor in our town would have been a raging lion. His diet was liquid when the fever ran high; later, soft diet and plenty of green vegetables. He craved acids; and was allowed plenty. Grapefruit, sauerkraut, raw tomatoes and rhubarb were given during convalescence.

We watched for pus pockets on the feet, which remained swollen for weeks, but none formed. No other complications arose, and our patient, soon after, could get on a pair of shoes and socks(a few sizes larger than his normal size). This was the beginning of the 13th week of this attack of "Sacred Fire," a nomenclature our poor patient was a little unwilling to consider applicable to his case.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

A PLEA FOR THE INCLUSION OF MENTAL NURSING IN THE TRAINING SCHOOL CURRICULUM

BY HARRIET BAILEY, R.N.

ONE not infrequently hears physicians who have been practicing their art for many years remark that their course in psychiatry had consisted of a few lectures and perhaps a visit to the state or county asylum. This indicates the relative importance which was then attached to the subject which treats of the disorders and diseases of the mind by those who were educating the physicians of the future. At about this same period, also, psychology was taught as an abstract subject, very little attempt being made by the majority of educators to bring it into the field of applied science. It is not to be wondered at that students emerged from their courses in psychology with a confused mental picture largely colored and dominated by "the Ego," a mysterious and unexplainable quantity or quality. So, too, one is constantly meeting nurses who frankly confess that they have not the slightest knowledge of abnormal psychology, nor do they understand or know the meaning of the terminology of present day psychiatry.

It is good to state, however, that during the last decade or two there has been a marked increase of interest in and research into the causes and treatment of mental disorders, that the laws of psychology are now being applied not only to medicine, but to teaching, to industry, to salesmanship and to the various phases of our complex daily life; and that the best schools of nursing are providing courses in mental nursing and are insisting upon it as an integral part of the nurses' training.

A perusal of recent reports gives the impression that the number of patients who are ill because of mental disorders is increasing. Surely one who is in touch with nursing activities knows that the number of these patients for whom skilled nursing is required and demanded is constantly multiplying. It is gratifying to note the increase of psychopathic hospitals and psychopathic departments in general hospitals and dispensaries, and the constantly enlarging number of clinics which have been established in order that this large group of patients whose symptoms are mental, but none the less incapacitating, may early seek advice and receive treatment, thereby preventing more serious illness with complete disability and the long

period of convalescence involving economic waste and dependence, factors which make mental disease so much a part of the health problem of today. For the day is long past when mental weakness and illness can be ignored as a cause of or contributing factor to ill health, inefficiency and inability to bear one's part in the struggle for existence, and the onward march of progress.

The realization has gradually been growing until now it is freely acknowledged that in every branch of medicine the practice of nursing is a most important element of treatment. In no branch is this more true than in that which treats of the diseases of the mind. So, too, the fact is being forcibly brought to those who come in closest contact with sickness in all its forms, that physical and mental disorders cannot always be separated by sharp lines of demarcation. It is not alone in the psychoneuroses and psychoses, but also in the less well defined mental states as often associated with a disturbance of physical function, that some knowledge of psychopathology and of the nursing procedures which the symptoms make evident is essential and necessary to the nurse who would be truly efficient. For it must be borne in mind that it is the nurse who must make observation and report symptoms which are not always constant, or which may be repressed or masked in the presence of the physician, or whose meaning and import may not be understood by the patient and therefore not communicated to the physician, but which, nevertheless, may be a strong factor in the retardation of progress towards health.

If the number of patients with mental symptoms is increasing, and if the demand for nurses for administrative positions in mental hospitals and psychopathic departments as well as for private duty can in no wise be met, can we who are responsible for the education of the nurse longer feel that it is not imperative to make provision for the acquisition of this training in one way or another? Can we, faced by the facts, feel that we have produced a *trained* nurse until we have added to her efficiency assets this one of adequate training in the nursing of nervous and mental diseases?

In schools where a psychopathic department is included in the hospital unit, the course in mental nursing is an integral part of the general training. Some other schools make provision for this course by affiliation with a psychopathic or mental hospital. Students from these schools are equipped with the knowledge which enables them to meet any demand made upon them. It is not, therefore, to these I would plead, but to the large number of nursing schools which have as yet made little or no attempt to include this course in their curricula.

The arguments against the inclusion of this course are familiar,

that special lecturers and instructors are difficult to secure, that the curriculum is already crowded, and that the average general hospital affords few facilities for the illustration of theory or for the application and practice of nursing procedures. There are, it is good to state, a considerable number of average and small schools which have overcome these difficulties and are providing very good courses in this subject. This is the way it has been done. A special lecturer from the staff of a mental hospital is secured to give the theoretical course, following more or less closely the outline in the Standard Curriculum prepared by the National League of Nursing Education. The students are taken in groups to the mental hospital where special clinics are given for them. Demonstrations in some of the more difficult nursing measures are also given. With a text book for reference, this method provides the fundamental theoretical training. So far this method is like that followed in many medical schools.

But nursing is a practical art, and no amount of theory or class room instruction, however good it may be, can fully equip the nurse for this branch of her work. Knowledge gained through experience in the actual care of patients is both necessary and desirable, for it not only develops adaptability, manual skill and dexterity, but tends to increase the assurance and confidence in one's ability to meet successfully the many difficult and unusual situations which are so likely to rise in this field of nursing activity. This is a very important factor in the nursing of these patients, and upon it oftentimes depends the success or failure of the nurse. Let me illustrate. Late one Saturday evening the superintendent of the hospital where I was directing the school of nursing called me by telephone. He was in despair and needed help at once. Could I possibly break my rule and allow a student nurse to go to a very difficult case which he had seen in consultation? The facts were these: A young woman about eighteen years of age had gone into a state of acute excitement about a week before. The family were living on a large estate in a suburb of a big city, and desired ardently to keep the patient at home if possible, providing as many nurses as might be necessary. The prognosis was favorable and the physicians agreed to this arrangement. One nurse after another had been called to the case, until six had come and gone in as many days, unable in any way to minister to or care for the patient, because none of them had ever had any practical training or experience in the care of mental patients acutely ill. The family were in despair and were willing to send the patient to the hospital, but she could not be received until Monday morning. What could be done in the meantime?

Contrary to practice, I sent a senior nurse to remain with the

patient over Sunday. When she arrived she found the family almost as distraught as the patient. With the assurance and confidence which comes with knowledge, she entered the barricaded room and immediately made friendly contact with the patient, who exclaimed in loud tones, "Aren't you afraid of me, too?" In less than an hour she had placed the patient in a warm bath which was prolonged without struggle; she had given her a considerable quantity of nourishment, the first taken in several days, and very shortly after the patient went to sleep, the first natural sleep for many weeks. The whole household slept that night and peace continued over Sunday. It is almost needless to add that the family were so overjoyed at these happy results that they offered the hospital a truly fabulous sum to allow this nurse to remain with them. This illustration could be multiplied many times by scores of others from my experience and observation, and I think proves the value to the nurse of training in the care of mental patients.

So far I have pleaded for the inclusion of mental nursing to equip the nurse to efficiently serve the suffering sick however classified and to meet a growing demand in every community. I cannot close this plea without emphasizing the great good which it seems to me every nurse derives from her study of and experience with those whose illness is mental. When one understands even imperfectly the mechanisms which govern behavior and speech and sees the manifestations of disordered mechanism, one surely tends to become more charitable, more patient, more sympathetic with the patients who are difficult, peculiar or "queer" and whose symptoms hitherto have proved annoying, exasperating and vexing. It seems to me there is no course in the curriculum which better teaches one to

> • • • gently scan your brother man,
> Still gentler, sister woman.

COURSE OF STUDY IN PRACTICAL PSYCHOLOGY AND PSYCHOPATHOLOGY AS GIVEN TO STUDENT NURSES IN THE HENRY PHIPPS PSYCHIATRIC CLINIC, THE JOHNS HOPKINS HOSPITAL

By Effie J. Taylor, R.N.
Associate Superintendent of Nurses

The discussion of Mental Nursing will be continued in the May number in an article by Dr. Esther L. Richards, Associate Professor of Psychiatry, Johns Hopkins University.

THE course of study in Practical Psychology and Mental Nursing extends throughout the three years of training and is given in the form of lectures, quizzes, demonstrations of nursing procedures, ward experiences, clinics, and conferences.

The first group of lectures is given by the Associate Professor

in Psychiatry to the students of the Junior year and is called "Aspects of Practical Psychology." The aim of these lectures is to present briefly certain aspects of Psychology that may be helpful in meeting many nursing problems. The point of view adopted in the lectures is the drawing of attention away from formal Psychology of text books toward a concept of mind expressed in individual behavior and adaptation of life experiences. The real test of life is largely that of adaptive capacity. The latter depends partly upon intellectual equipment, and partly upon individual habits of training from childhood on.

I. Facts of Heredity and Prenatal Influences.
II. Adaptive Facts of Infancy.
  (1) Reaction to sleep and food.
  (2) Acquisition of walking, talking and getting the teeth.
    (a) Interfering factors may be:
      Mental Deficiency.
      Over-solicitude of parents.
      Bad Hygiene.
III. Adaptive Facts of Early Childhood.
  (1) Habits of sleeping, eating and attention to bodily wants.
  (2) The beginning of play and social relations.
  (3) Early interests and curiosity.
  (4) Reaction towards parents.
IV. Adaptive Facts of School Period.
  (1) School Experience.
    (a) Reaction to academic material.
    (b) Relations with teachers.
    (c) Group contacts of playground and social units.
    (d) Expression of temperamental characteristics.
V. Adaptive Facts of Period of Emancipation.
  (1) Forging of ambition into constructive activity influenced by:
    (a) Habits of work with special reference to endurance and distractibility.
    (b) Balanced factors of satisfaction with reference to recreation and social contacts.
VI. History of Sex Life.
  (1) Sex curiosity and expression before puberty.
  (2) Development and handling of instinctive cravings after puberty.
  (3) Reaction to marital problems.
VII. Common Types of Thinking Used in Normal Individual Adjustments.
  (1) The Complex.
  (2) Compensation or over-compensation.
  (3) Rationalization.
  (4) Repression.

Early in the Intermediate year, when the student has received a sufficient background in practical nursing to apply principles and adapt procedures to meet the needs of the individual, a second group of classes is given by the instructor in Mental Nursing. The aim of

this course is to teach the relation which exists between mental and physical illness and to apply general nursing principles to mental nursing.

1. Summary of the history of the development and growth of mental hospitals and mental nursing.
   The attitude of the public to mental illness.
2. The relation between mental and physical illness.
   The relation between mental and physical nursing.
   The attitude of the nurse to mental patients.
   The reception of patients in a mental hospital.
   Committment procedures.
   Personal qualities and educational resources necessary to success in Mental Nursing.
3. The observation of symptoms as shown in behavior and physical signs.
   The importance of taking records.
   How to keep case records.
   Ethics associated with the nursing of mental patients.
   The relation of the nurse to the family.
4. How to answer certain types of questions patients ask.
   How to gain the patients' confidence.
   The use of keys.
   Hygiene in the care of the mentally ill.
   The application of specific practical nursing procedures to mental nursing.
   The frequent necessity for variations in routines.
   The importance of nursing each patient as an individual.
5. A general classification of types of mental illness.
   Common terms used in describing the behavior of mental patients.
   Common terms used in Psychiatry.
   Importance of describing behavior of patient as observed rather than translating it in terms of impressions received by the nurse.
6. General nursing care of patients with mood disorders.
   What to observe in patients suffering from depression.
   Nursing procedures in the care of depressed patients.
   Precautionary measures against suicide.
   What to observe during periods of elation.
   Nursing procedures in the care of elated patients.
7. Management of excited and destructive patients.
   Precautionary measures against homicide or injury.
   Furnishing of rooms for excited patients.
   Clothing for excited or destructive patients.
   Indications for and against restraint.
   Various kinds of restraint with therapeutic value.
8. Value of treatment by hydrotherapy.
   Various methods used.
   Indication and contraindication for the use of hydrotherapy.
9. Methods of feeding mentally ill patients.
   Therapeutic importance of diet, rest, good hygiene, drugs, certain forms of discipline, environment, establishing regular and normal habits of living, and community relationship, reeducation measures and occupations.

10. The nurse as a factor in the community in furthering public education in the prevention of mental illness.
Her opportunities and her field.

In the last trimester of the Intermediate year, a course in Clinical Psychiatry with demonstrations of cases is given by the Resident Physician in Psychiatry.

1. The course consists of twelve didactic lectures, with clinical demonstrations of patients, to illustrate the main clinical types discussed in the lectures. The lectures are devised to present Psychiatry from the point of view of formal diagnosis and symptomatology on the one hand, and by contrast on the other, to present each patient as a personality problem, with the psychosis as the result of failure of personality adjustment.

Of the twelve lectures, three are devoted to the affective (manic depressive disorders), three to the schizophrenic (D. P. disorders), one to delirium reactions, two to the organic reactions and three to the minor psychoses (neurasthenia, invalid, psychasthenic and hysterical). During the course, the questions of instincts and their social adaptations are discussed as they arise in connection with specific cases and situations.

During the Intermediate or Senior year, students are assigned for duty in the Psychiatric Clinic for a period of three months. The course is required, not elective. During this period, experience is given in the nursing care of all types of mental patients. Each student is given forty-eight hours instruction in handicraft work and occupations, and twenty-four hours in mechano and hydrotherapy.

2. Weekly rounds or discussions for an hour each week, in which some phase of psychiatry is discussed by the resident psychiatrist with the student nurses then on duty in the clinic. By preference, specific problems arising in connection with patients are taken up. Usually, one or two patients are demonstrated to illustrate one of the various psychiatric reaction types.

3. Each week, the nurses on each ward have the various cases on the ward reviewed and discussed for them by the ward physician.

During the Senior year, a short course of lectures with demonstration of cases is given by the Associate Professor in Psychiatry on "Psychopathology of Children." An attempt is made in these lectures to present a few of the childhood problems commonly met in our Psychiatric Dispensary. Special emphasis is put upon the early recognition by Public Health Nurses of conduct disorders in children.

I. Historical sketch of early efforts in Mental Hygiene and Preventive Psychiatry.

II. Psychopathological conditions associated with changes in the central nervous system.

(1) Juvenile Paresis (Congenital syphilis).
(2) Post Encephalitic conditions.
(3) Epileptic seizures.

III. Defectiveness and minor retardation with discussion of the intelligence tests in relation to the diagnosis of such conditions.
(1) Congenital Defectiveness.
(a) Idiot.
(b) Imbecile.
(c) Moron.
(2) Etiological factors.
(3) Application and value of the Binet-Simon Test.
(4) The retarded child as a public health problem.

IV. Various neurotic manifestations in children.
(1) Pseudo-convulsive seizures.
(2) Hypochondriacal traits.
(3) Nervous fears.

PHILADELPHIA'S PRELIMINARY COURSE

The experimental semester of the School for the Teaching of Preliminary Courses in Nursing Education was begun on February 2, 1922, in the Engineering Building, University of Pennsylvania, Philadelphia, with an enrollment of sixty-six students from the training schools of eleven hospitals.

Sara Murray, R.N., Educational Director of Training Schools for Nurses in Pennsylvania and Chairman of the Joint Committee, presided.

The students were addressed by Dr. Simon Tannenbaum, President of the Philadelphia Hospital Superintendents' Association; Alice Garrett, R.N., President of the Philadelphia League of Nursing Education; Roberta M. West, Secretary-Treasurer of the Pennsylvania State Board of Examiners for Registration of Nurses; Margaret Dunlop, President of the Graduate Nurses' Association of Pennsylvania, and Anna Garrett, President of District No. 1, Graduate Nurses' Association of Pennsylvania.

Instruction is being given at the Drexel Institute on Mondays and Tuesdays in Nutrition and Cookery and Applied Chemistry by the regular instructors of the institute. In the Engineering Building of the University of Pennsylvania on Wednesday, Thursday and Friday, volunteer nurse instructors, most of whom are loaned by hospitals, are teaching Anatomy and Physiology, Elements of Psychology, Personal Hygiene, and Hospital Housekeeping; these subjects to be followed by Elementary Bacteriology, Drugs and Solutions, Bandaging, and History of Nursing, including Ethical and Social Principles.

This School is being supervised by a joint committee, composed of representatives appointed by the Philadelphia Hospital Superintendents' Association, the Philadelphia League of Nursing Education, the Instructors' Section of the League and the Pennsylvania State Board of Examiners for Registration of Nurses.

TOO LATE FOR CLASSIFICATION

New Hampshire: THE STATE BOARD OF EXAMINERS will hold its semi-annual examination for registration at the State House, Concord, April 13 and 14.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

THE SCHOOLS OF NURSING IN THE OLD WORLD

II. WARSAW

THE Warsaw School of Nursing was established with the understanding that the American Red Cross was to furnish nurses for the administrative and teaching personnel, pay transportation and provide, if funds permitted, such incidentals as teaching equipment, interpreters and text books. School buildings, maintenance and hospital facilities for practical experience were to be furnished by the Polish authorities. The sum of $10,000 annually for three years has been pledged by a young American nurse who wishes her great generosity to remain anonymous.

In consonance with the established policy of the American Red Cross to lay the foundations of all its educational and health work on such coöperative and constructive lines that upon Red Cross withdrawal the project may be successfully carried on, an able and active training school committee was created as the first step in the building up of the school. On this committee are representatives of the various interested groups, leading men and women of the Ministry of Public Health, the Ministry of Education, the Warsaw University and the Municipality as well as the Polish Red Cross. Speaking of this Committee, Miss Hay writes, after a recent tour of inspection, "They appeared to me unusually broad and receptive."

In the selection of a suitable personnel the Warsaw school has been exceptionally fortunate. Helen L. Bridge, the Director, was formerly with the American Red Cross in Siberia. Stella Tylski, her assistant, is a native of Poland, but received her training in America, having done settlement work at Hull House under Jane Addams, later serving overseas. She also helped carry out the educational programme of the Public Health Service in Charlotte, N. C., and recently took a short course in hospital and training school administration at Teachers College. Mrs. Josephine Jokaitis was also born in Poland and was with the Red Cross overseas. Like Miss Tylski she received her preparation as a nurse in this country. Alexandra Zarzycka is a graduate of the London Hospital and a native of Poland.

Miss Bridge has been unhampered by precedents and has had a virgin soil in which to carry out her ideas. The school has, therefore, been established on a basis which has been long regarded by the nurs-

ing authorities in America as the ideal standard but which, even in America, has more often than not failed of accomplishment.

The length of the course is two years. Candidates must be at least eighteen years of age and must have completed six classes in the "Gymnasium," or its equivalent. What is rather unusual in this country, candidates must send a copy of their birth certificates and, if under age, must produce statements signed by the legal guardian granting permission to enter the school. Furthermore, a tuition fee of 1000 marks, payable upon entrance, is charged.

During the first three months of probation, in addition to their tuition, the students pay maintenance fees of 100 marks per day, for board, room, and a limited amount of laundry. After the probationary period they receive maintenance without charge. Students possessing desirable qualifications, without means to meet the costs, may apply to the Director for scholarships.

The curriculum for the preliminary course includes all the subjects recommended in the standard curriculum prepared by the National League of Nursing Education and covers a period of three months. During this period the pupils are not sent to the wards of the hospital. A six weeks' course of public health nursing is given during the second year under a highly qualified instructor, including both theoretical and field work.

The School has been established in connection with the Smolna Hospital. This was built by the Russians on a very elaborate plan with many buildings. After the Russian evacuation it was taken over by the Polish Red Cross and operated as a military hospital. One of the buildings has been assigned as a school building.

Interest in the school from the outset was so widespread that more than 125 letters of application were received. The first applicant was the daughter of a Polish Countess, a splendid girl, but too young. She has been withdrawn until next year. The first application to be completed was that of Mary ———, a fine young woman who had had one year at the University of Warsaw.

Miss Bridge writes:

> Is it not significant that our first accepted candidate should come to us so well prepared? I choose to read in it a good omen and trust that it bodes well for the future. Of the first four accepted two have had two years at the University. Almost every candidate speaks French and a number also speak English. The majority of our applicants are from families whose names are recognized throughout Poland and as I look into their faces I feel sure that the standards of the profession in this country will be safe in their hands.

The attitude of the physicians on the Council and others in Warsaw toward the school is most promising. To illustrate the feeling

of the Committee Miss Bridge quotes from a memorandum prepared by a Polish physician:

I have begun to take English lessons only a few months ago and cannot yet speak fluently, so you must allow me to read to you this memorandum.

I have got only one head, two arms and two legs and that is not enough for my work. Other doctors for children are in the same position. So I am obliged to get more heads, arms and legs for my work. That is why I want to create in Poland a whole army of nurses for children. The question of nurses is a serious one and must be seriously treated.

How much time is wanted for training a nurse? At least two years. All that time she must be in ideal surroundings, which will allow her to forget the world. When she will leave the school for nurses she will feel the contrast between the life in the school and the rest of the world. She will try to raise that every-day life to the high level which she had at the school.

As the work developed, Miss Bridge was requested by the Polish Red Cross to assume responsibility of the nursing work in the entire hospital, as well as the housekeeping department, including the kitchen, laundry and dietary. It means a big responsibility and hard work for the Red Cross staff, but it means also a wonderful opportunity to demonstrate in Warsaw the best of nursing and hospital methods. A qualified dietitian with administrative experience will be added to the staff. She will also be expected to give a course in cookery to the students. Miss Bridge writes further:

The weeks immediately before the date set for the entrance of the students were very much crowded, and I feared that we would not be ready after all. However, in spite of many delays, due chiefly to the inefficiency of a so-called engineer who had charge of the renovation of the buildings, Miss Tylski and I came down to live here on October 13, 1921.

Miss Zarzycka came to live in the School several days before the entrance of the students. She is a woman of great tact and interest and I feel that though she may lack some of the technical training, she has much to contribute that the American nurse could not possibly give. Having her with us is a good thing from the standpoint of the psychology of the Poles. As you know, Miss Zarzycka is a graduate of the London Hospital and comes from a very cultivated Polish family, her father being Alexander Zarzycka, a well known musician and composer.

The night before the students were to arrive I sat down at about ten o'clock, giving final instructions to the housekeeper and I wondered whether it would be possible to serve three meals the next day and make the students reasonably comfortable. The day had been so hectic that things seemed far from in order and the cook was to arrive only the next morning. I wish I could adequately describe the day! In addition to all the things we had to do, we had a Committee meeting. In spite of my anxiety, however, the cook arrived the next morning and we had three good meals served promptly, and at the last minute we even secured the curtains that were lacking for the bath room.

(To be continued)

ITEMS

DURING the week of January 23, a meeting of the Division Managers of the American Red Cross was held at National Headquarters for the purpose of reviewing the programme of the Red Cross and of making such administrative changes and eliminating processes as would be consistent with the most economical and efficient regime. Public Health Nursing and the courses in Home Hygiene and Care of the Sick, also the Nutrition Classes and those in Food Selection were discussed and decided to be proper and legitimate chapter activities.

The Northwestern Division is to be combined with the Pacific Division, the headquarters for the joint territory to be in San Francisco.

Interest in American Red Cross work is evidenced by the strength of the chapters which, according to the latest statistics available, (October 30, 1921) numbered 3,595 in the United States, and 3,643 in the entire organization,—including our insular and foreign possessions. While the general membership has decreased, the interest of the chapters is very active and is concentrated more upon community problems, the smaller chapters taking the liveliest interest in the betterment of local family life.

MABEL CLARKE and Betty McCreery, members of the Red Cross Nursing Service, have recently been assigned to the Near East Relief. At the present time the American Red Cross has working with this organization twenty-eight of its enrolled nurses. They are engaged in various nursing activities in Asia Minor and in and around Constantinople.

VIRGINIA MASON GIBBES, of South Carolina, goes to the Philippines this spring to take charge of the nursing activities of the Philippine Chapter. This Chapter has entered upon a broad public health nursing programme with classes in Home Hygiene and Care of the Sick and preparation of health visitors. Miss Gibbes will plan, organize and direct the work the chapter will do.

A PAMPHLET of recipes has been prepared and translated into French by Vashti Bartlett, formerly Director of the Nursing School at Port-au-Prince for the use of the Haitian pupils. The little book will be of incalculable value in presenting to these young women practical methods of preparing diets for the sick.

Miss Griffith, who was with Miss Bartlett in Haiti, has written a similar pamphlet in the French language on the subject of surgery.

Another translation of the Red Cross text book, Home Hygiene and Care of the Sick, has been made, this time into Polish, for the classes in that country. The copyrights have been carefully safeguarded.

CHARLOTTE E. VAN DUZOR, after seven years of faithful service with the American Red Cross, has given up her most recent position, Assistant to the Director of the Public Health Nursing Service, to become Vocational Secretary for the National Organization for Public Health Nursing in New York City. Prior to 1918, Miss Van Duzor was attached to the Red Cross Town and Country Nursing Service as school nurse for Kent County, Michigan, where her system of educational and follow-up work with the families of the children is still regarded as a model piece of work.

RED CROSS FUTURE IN EUROPE

A GREAT deal of discussion is overheard regarding the withdrawal from Europe by the American Red Cross on June 1st. It may be interesting to note briefly the plan now under consideration for this closing down of operations. This is but the fulfillment of the preconceived plan of transferring responsibility for the continuance of child health and nursing activities to local agencies, with a certain amount of professional supervision by American doctors and nurses in certain areas for a limited period. For example, such individual units as the nurses' training schools in Poland will be continued until the Red Cross obligations are discharged in full.

Inasmuch as there would be waste in maintaining more than one relief organization in Russia, the medical and hospital supplies which the American Red Cross has been furnishing for that country in the past through the American Relief Administration, will continue to be distributed through those channels until the fund of $3,000,000 appropriated by the Red Cross for this purpose has been exhausted. The Russian relief, however, is directed from National Headquarters and is not affected by the withdrawal of the American Red Cross from Europe.

WHO'S WHO IN THE NURSING WORLD

X. ISABEL MAITLAND STEWART

BIRTHPLACE: Fletchers, Ontario, Canada. PARENTAGE: Scotch. PRELIMINARY EDUCATION: High School in Chatham, Ontario, and in Winnipeg, Manitoba, Canada; Normal School, Winnipeg, Taught in public schools three years. COLLEGE EDUCATION: B.S. and A.M., Columbia University. PROFESSIONAL EDUCATION: Winnipeg General Hospital. POST-GRADUATE WORK: Teachers College. POSITIONS HELD: Visiting Nurse, Winnipeg (short time); Head Nurse, Winnipeg General Hospital; Assistant and Instructor and Assistant Professor, Department of Nursing and Health, Teachers College; Vice-President National League of Nursing Education (one year); Secretary N. L. N. E. (one year); Chairman Vocational Guidance Committee of N. L. N. E.; Secretary Education Committee of N. L. N. E. (six years); Chairman Education Committee of N. L. N. E. (two years); Vice-President of New York League of Nursing Education (two years). AUTHOR OF: Collaborator with L. L. Dock in Short History of Nursing; Opportunities in the Field of Nursing; The Case for Shorter Hours in Schools of Nursing; Developments in Nursing Education Since 1918 (U. S. Bureau of Education); Pamphlets During the War; other articles and pamphlets.

ARCHIVES OF OCCUPATIONAL THERAPY

The American Occupational Therapy Association launched its official organ, *Archives of Occupational Therapy*, in February. The initial number contains an invaluable article by Dr. Adolf Meyer, of Johns Hopkins University, the Philosophy of Occupational Therapy, and other articles which should interest nurses as well as those engaged in this newer field of endeavor. The format of the new journal is attractive. An unique and useful feature consists of a series of abstracts of the current articles included in the table of contents, thus enabling the busy reader to get to the heart of such material as may be of interest to him, individually, without loss of time. The new journal has a promising future.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

A DETERMINING FACTOR IN THE SUPPRESSION OF TUBERCULOSIS

By Alice E. Stewart, R.N.
General Superintendent, Tuberculosis League, Pittsburgh, Pa.

A DOZEN years' experience in a tuberculosis sanatorium, where an overwhelming proportion of advanced cases demands admittance, in the city recording the highest mortality rate from tuberculous meningitis and all other forms of tuberculosis excepting pulmonary, brings one to the inevitable conclusion that the agencies for the discovery of tuberculosis are functioning below their best.

It is my belief that it is within the power of the nurse to be the chief agent in the suppression of tuberculosis. She is in a strategic position to observe constantly the segment of the community favorable to the development of the disease but her apparent failure to report early cases of tuberculosis and to arrange prophylactic care for children and contact cases, is deplorable.

Is the nurse to blame? Consider her training in any general hospital where medical, surgical and obstetrical technique are her major experiences. Does her present course equip her in any way for the detection of tuberculosis or for any active interest in its detection? Tuberculosis is barred from general hospitals; consequently there is no opportunity for practical observation of its activity. It is obvious the present system does not instruct in tuberculosis and its importance to the public health. Therefore, the peculiar technique necessary in tuberculosis nursing is unknown to thousands of nurses, who may have had excellent training otherwise.

If one contemplates the present loss and the cumulative effect of undiscovered cases of tuberculosis constantly developing into active disease and realizes that this cycle is repeated again and again simply because the nurse is unaware of what is passing before her eyes, no cost would seem too great to educate her to be ever on the alert for the prevention of tuberculosis infection developing into tuberculous disease. Fortunately, the cost is not great; we have only to interest nursing bodies in the problem and secure official coöperation for training places already equipped. I think I can prove this by citing the plan adopted by the United States Public Health Service.

It was due to the vision of the officials of the United States Public Health Service, who were conscious of the necessity for standardizing

data on tuberculosis and conveying instruction to the nurses responsible for the care of the ex-service men, that the first course of this kind was established. The first school was inaugurated at the United States Public Health Hospital, No. 60, at Oteen, North Carolina, by a four weeks' course during September, 1921. The United States Public Health Service generously admitted civilian nurses as well as the head nurses from the North Atlantic division of their own hospitals.

The choice of Oteen was important because it offered the fullest scope for the development of the course from theory to practice. On the practical side Oteen offered: first, housing facilities for the nurses attending the school; second, unlimited observation of tuberculosis in all stages; third, an expert staff for the director of the course to draft into service for demonstrations.

The United States Public Health Service, on the suggestion of the National Tuberculosis Association, appointed the writer to the interesting post of director of the first school at Oteen. The course considered not only the immediate relation of the nurse to the prevention and discovery of tuberculosis, but included also the study of the tuberculosis problem from the historical, social, medical and industrial aspects. The lectures were characterized by a definite scheme to stimulate the student to the practical application of the knowledge acquired theoretically.

The nurses were taught the difference between tuberculous infection and tuberculous disease with searching inquiry into the fundamental, supplemental and incidental factors in the treatment of tuberculosis. Standards for treatment in sanatoria, dispensaries and homes were discussed at length. Even the problem of the rehabilitation of the tuberculous patient involving the hazards of occupations, the vocational training and ultimate placement were taken up. Further lectures dealt with the organized campaign against tuberculosis and the prevention of tuberculosis from the standpoint of public health and of personal hygiene.

One of the important points emphasized constantly was the nurse's relation and responsibility in the suppression of tuberculosis. The course at Oteen reiterated the idea that the nurse was invaluable. This point was driven home in order that the head nurses might carry back to the hundreds of nurses under their supervision the dignity and importance of their work.

Therefore, the instruction analyzed the relation of nurses in sanatoria from the superintendent down to that of the instructor in occupational therapy, the procedure of nurses in dispensaries and clinics, the public health nurse in the homes with educational material

to combat fallacies and to inaugurate a general hygienic programme, and last of all the nurse as a part of an organized tuberculosis association.

The students at Oteen were marked on their attendance at lectures, their class attitude, on the quality of their notebooks and on their practical demonstrations. The average was so high that it seems safe to assume that tuberculosis can be made interesting to a varied group of individuals representing many methods of training.

It is confidently hoped that the Oteen experiment will be repeated in different parts of the country by the United States Public Health Service; but even a series for the head nurses of the entire Service, with the fortunate civilian nurses admitted to the course, could not supply instruction in tuberculosis to nurses in general.

Although the course at Oteen approximated the ideal as to equipment and to students, I know the method could be adapted to public health nursing groups throughout the country. The most effective way to secure such instruction for civilian nurses would be for the public health nursing associations and the state tuberculosis associations to rouse the state health authorities to the importance and feasibility of such a course. The use of state sanatoria for the course could be urged because sanatoria offer housing facilities as well as opportunities for the practical demonstrations essential. The students admitted should include state nurses, public health and private nurses. The course must be under the direction of an experienced woman, who is familiar with every aspect of tuberculosis as presented in the resumé of the lectures at Oteen. She must require the nurses to carry the theory into practice during the course, and be assured that they comprehend every technical detail.

No work for 1922 could be more important to the National Organization for Public Health Nursing and its associate organizations working for the public health than a nation-wide campaign to interest and educate nurses in the prevention and discovery of tuberculosis and the care of the tuberculous. Such a campaign would yield returns in enthusiasm and technical equipment, the two chief requisites for the tuberculosis nurse upon whom depends, in large measure, the eradication of the disease.

ITEMS

ENCOURAGEMENT

IT has been said that the city streets are the wards in which the Public Health Nurse works. Donors of hospital wards (things concrete, in other words) are not as difficult to find as donors of anything so intangible as scholarships.

So it is with particular pleasure that we learn of two funds, one of a $35,000.00 fund—"The Harriet Hammond McCormick Scholarships," and the other of

$5,000.00 of "The Albert H. Wolf Scholarship" fund, given to the Visiting Nurse Association of Chicago. The annual incomes of these funds are to be used for scholarships "awarded competitively" and open to members of the Chicago staff. One of these scholarships will amount to $1,200.00 annually, for "eleven months' study and research." The remaining income will provide for several minor scholarships "for short courses or traveling for any member of the nursing or office staff." We congratulate Miss Foley and her staff upon this splendid gift.

THE School of Hygiene and Public Health of Johns Hopkins University, Baltimore, has received from the Rockefeller Foundation an endowment of $6,000,000 as an endowment and building fund. The School, since its establishment in 1918, has been maintained by the Foundation. The trustees of the University under the terms of this splendid gift will now take over all responsibility for the School and its development. This, we understand, represents the largest gift ever made by one organization to another.

NATIONAL AND STATE HEALTH LEGISLATION

ON February 1, 1922, appeared the first of a series of bi-weekly bulletins on State Health Legislation to be issued by the United States Public Health Service with the coöperation of the National Health Council. These bulletins represent "the first systematic attempt to issue in collected form impartial abstracts of current State Health Legislation." The subjects covered will include general public health, general sanitation (milk, food and drugs, water supply, sewage and housing), control of disease, tuberculosis, social hygiene, mental hygiene, medical practice, nursing and sickness insurance.

These bulletins are published in Washington and are edited by James A. Tobey, the Washington representative of the Council. At present the number of copies issued is limited to 200. Any one desirous of being on the mailing list for these bulletins should write to the United States Public Health Service, Washington, D. C.

The National Health Council will continue to publish its bi-weekly statements on National Health Legislation. It has recently issued five reports of great general interest,—one on the Children's Bureau of the United States Department of Labor, outlining the history and development, current work, and the Federal Child Labor Law and the Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy. The other reports are in the Division of Vital Statistics of the United States Bureau of the Census, the Women's Bureau of the United States Department of Labor, the Division of School Hygiene of the United States Bureau of Education and a general report covering the health activities of the United States Government. A chart is included in this last mentioned report, showing the Federal activities which we think would be of great interest in class rooms and in nurses' clubs among other places. These reports can be had without charge from the National Health Council office, 411 Eighteenth Street, Washington, D. C. Information concerning the bi-weekly National Health Legislation statements may be obtained from the same source.

CORRECTION

In January Mary V. Stephenson was appointed Superintendent of the Hospital of the University of Pennsylvania and *not* Superintendent of Nurses as announced in the March *Journal*.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

A PLAN FOR CENTRALIZING SCHOOLS OF NURSING[1]

BY ANNIE W. GOODRICH, R.N.
New York City

I AM only too well aware that my discussion of the subject assigned to me will disappoint many. Not only do I consider it impossible to present a practical detailed plan for a central school of nursing without an intimate knowledge of the exact locality in which the school is to be developed and all that locality offers, but I do not think that any effective plan of nursing education can be evolved except through some such preliminary programme of community education and coöperation as I propose to suggest.

The fundamental factors in the solution of the problem of the care of the sick in any given community are, I believe, as follows:

1. The awakening of the community to its responsibility for its health activities of which the School of Nursing is but one, although of far reaching importance.

2. A survey through which should be accurately determined—(a) the health needs of the community; (b) the machinery as expressed in hospitals, dispensaries, health stations and the personnel required to most effectively meet these needs.

3. The relation of these institutions and organizations to each other and to other *community* activities, such as its educational institutions, industries and the like.

4. A budget based on a careful analysis of the cost of each activity in order that over-lapping may be avoided and that to each activity shall be allocated a just proportion of the monies for public service whether obtained through taxation or subscription.

Community Mobilization: By this I do not mean a programme which provides that a few individuals shall tell a large number about their health needs, but a mobilization of the entire community for a participation in its health activities as a business enterprise of paramount importance. "The healthy citizen is the nation's greatest economic asset" should be the slogan. This awakening will not be so difficult to effect as formerly, for various agencies have already embarked on the project—notably the Red Cross which has undertaken the development of health centers as a peace time activity.

[1] Read before the New York State Nurses' Association, Utica, October, 1921.

Survey: Concerning the survey we can say as we have said concerning the mobilization of the community that already a very definite contribution to a knowledge of any given community has been made. I refer to the Cleveland Health Survey, instituted by the Cleveland Hospital Council, financed by an appropriation from the community fund and achieved by a staff of experts under the direction of Dr. Haven Emerson, former Commissioner of Health of New York City. Says Dr. Emerson in his truly noble introduction:

> Those of us who have shared in this study are perforce enthusiasts, if you will, fanatics, crusaders in what we believe is to prove the greatest contribution of this generation to the success of a representative and democratic social order; namely, civil and social organization for health. Neither forms of government nor systems of society will long endure unless the health, mental and physical, of the people is accepted as a matter of official and individual concern, in importance second only to the administration of justice, provision of education, liberty of speech and of religious observance.
>
> No expression in terms of money equivalent of human labor, of this burden upon life, this deficit in happiness, adequately represents the true total, but even to the so-called practical man, that much abused man-in-the-street who is supposed to be merely a mechanical adding machine without sympathies, emotions or imagination, the figures are impressive.

The findings of this survey will, in the main, differ (as I know the State of New York) only as conditions in cities differ where the population varies from five million, as in New York, to thirteen thousand, as in Saratoga.

The ratio of infant deaths per 1,000 births, the incidence of tuberculosis, venereal disease, insanity and crime would not differ markedly, except as the amount of machinery needed in a given locality and the personnel directing it, would be affected by territory to be covered and the unit of population to be served. Infant mortality, for instance, is reported by the American Child Hygiene Society for Cleveland, in 1920, as 85 per 1,000 births; New York, 85; Utica, 82.

Community Activities: Obviously the school of nursing is established for the production of one of the agents and numerically the strongest that functions in the health field. No survey has been presented, no programme formulated that has not shown an inadequate number, a badly adjusted content of education, but above all, the importance of the part this particular worker has to play with the advent of preventive medicine. Our aim today is to prepare a nurse to function both educationally and remedially. To do this effectively, we must therefore (a) study the needs of the field in order to determine the content of that education; (b) know the sources from which we can expect to draw the supply of young women

needed; (c) provide the machinery through which this content of education can be obtained.

The Needs of the Field: I must again refer to the Cleveland Health Survey, and in doing so may I say that every person, whether on the teaching or administrative staff or a member of the board of a school of nursing, or of a hospital, should have this series of most important studies of the health problems and activities of a great city. I have already said that the survey of Cleveland would not materially differ from the survey of any city or town in New York State. The following quotations demonstrate this fact:

> Expressed for the population of Cleveland and its suburbs, roughly a population of 1,000,000 within Cuyahoga County in 1920, and using the death and sick rates experience of 70 per cent of the total population of continental United States in 1916, and the sickness consus in various cities, such as Pittsburgh, Boston and Rochester in recent years, as applicable to the experience in Cleveland in 1920, we must picture about 2 per cent of all the people all the time too sick to work or be up and about, from causes of which one-half are certainly preventable.
>
> In 1919 the cost of illness and death from communicable diseases, alone, in Cleveland, based on the very conservative estimates of value of life and cost of sickness, burial, etc., used in a study in Illinois must have been not less than $25,000,000. To this must be added, among other items, the cost of death and disease due to preventable, but non-communicable, forms of disease and the cost of $200 a year for each insane person and $160 a year for each feeble-minded person cared for in institutions.

Student Supply: I might further say that I can make no better recommendations concerning a central school than are presented in Part 9 of the Survey entitled, "Nursing." It is quite within the realm of possibility that in a state where are to be found so large a number of colleges and universities, coëducational or for women, as in the State of New York, the recommended connection between the schools of nursing and the university will come early and easily into existence. We have now a number of universities and schools in which this adjustment is actually being effected. The latest experiment is being developed in the City of Cleveland itself, where the Western Reserve is establishing the five-year course in connection with two or three of its schools of nursing.

The following statistics, which appeared in the *New York Times* recently relating to the young men and women who are finding it possible to obtain a university education, have a distinct bearing on this question of student supply:

> Enrollments, surpassing all previous records, are reported by universities and colleges through the country. So startling, indeed, is this increase that 1921-22 will probably prove to be, from the point of view of numbers, the *annus mirabilis* of the world of higher education in the United States.
>
> In New York City two universities, Columbia and the College of the City of

New York, have admitted this fall 32,000 students. This means that 2,000 more men and women are studying today in these two institutions than, during 1920-1921, attended all the ten universities of England. And in the principal institutions of higher or technical learning in New York City it is estimated that 70,000 students will work this year under the direction of 3,000 professors and instructors.[1]

The time is approaching, the United States Bureau of Education believes, when there will be as many women as men enrolled in universities and other higher institutions of learning. Not only is this prediction supported by the fact that more girls than boys graduate annually from high schools, but figures compiled by the bureau during the last twenty-six years show that the number of college women has increased 156 per cent.[2]

There appear to be distributed well over the State of New York about twenty colleges and universities, coëducational or for women, in which may be found approximately 40,000 in the coëducational; and in the women's colleges,—14,000. There are pictures in one's mind of the physical proximity of colleges to hospitals and schools of nursing, and the aloofness of the students in the one from the students in the other and from the community itself. To again quote from the *New York Times:*

This brings up some old questions. What sort of man is an educated man? Should the emphasis be laid on the subject matter taught or the method of instruction? Should a university aim to be a microcosm of the world around it and college life approach a replica of life outside of college walls? Or was Lord Randolph Churchill uttering a profound pedagogic truth when, in speaking of Oxford as it was in his time, he thanked God that there still was a place where the sons of the educated and cultured "could go and, unvexed by the common herd, study nothing that was useful"?

If Lord Randolph Churchill's statement does not present a true conception of a college, and for this country above all others it certainly should not be, then it is hardly possible to conceive with our growing understanding of the importance of the community's health that the knowledge increasingly available through the sciences that are taking an ever more prominent place in the curricula of schools and colleges should not be brought to bear upon this most important factor in the community's well being. We shall, however, have to seek the coöperation of the community not only in arousing a sense of civic responsibility in the young women possessing this knowledge, but their interest in its practical application through the nursing field.

Curriculum: Fortunately, we do not have to discuss at great length, at this time certainly, the curriculum. We have both a state curriculum and a curriculum accepted by our National Association

[1] *New York Times*—Oct. 16, 1921, Greatest Rush to American Universities.
[2] *New York Times*—Sept. 26, 1921, Women Students Show Big Increase.

of Nurse Educators, in the main not differing the one from the other. We have easily available information as to the pre-nursing courses to which the would-be student in nursing should be directed in the high schools or the colleges. The preliminary course of from four to six months has now been generally accepted as imperative before the projection of the student into the actual participation of the sickness care itself which is so important and valuable a part of our professional training. The difficulties that lie in our way I personally do not believe relate to the unwillingness of educational institutions to open their doors to students of nursing nor to the lack of interest on the part of young women, so much as to our failure to grasp the important readjustments that must be brought about in order to provide the content of education demanded: (1) if the needs of the community are to be served; (2) if the course is to commend itself to young women seeking a profession; (3) above all, to make possible the correlation of the theory offered by the higher institutions of learning with the hospitals *not* which the schools of nursing *serve*, but which are or should be the *laboratories of the school*. As a matter of fact, however, the readjustments required in the main do not differ from the readjustments that are now being sought by schools and colleges on the one hand and the industries or business at large on the other.

The following excerpts from *Personnel Administration* by Tead & Metcalf bear out this statement. These writers are deeply concerned to make the changes in industries which we deem so essential to our own work. Their consideration of questions, such as the vacation period, the hours of duty, the payment of the students during the period of shop experience, and the centralization of the courses do not, as far as I can see it, differ at all.

> The shipyard experience illustrates many of the most important points to be borne in mind in the organizing of a course of special training for employees. It emphasizes the need for the careful selection and training of teachers, and the qualities that make a successful instructor. It shows the rapidity with which effective educational schemes may be developed, and it indicates the value of small classes. Most interesting of all, however, is the suggestion that it gives for coöperation between factories and plants in other lines of work. It points the way for companies which feel they cannot support training classes alone, but could join with others in educational programs.

And again:

> Learners should, of course, be paid while learning; and they must be paid enough to induce them to stay through the discouraging learning period. Many firms make the mistake of giving such nominal wages during the weeks of training that the turnover in this period is excessive. Training is at best a speculative investment for a firm; but the risks of losing the trained worker are reduced

if the importance of the investment is seen sufficiently to pay the price at the initial stages.

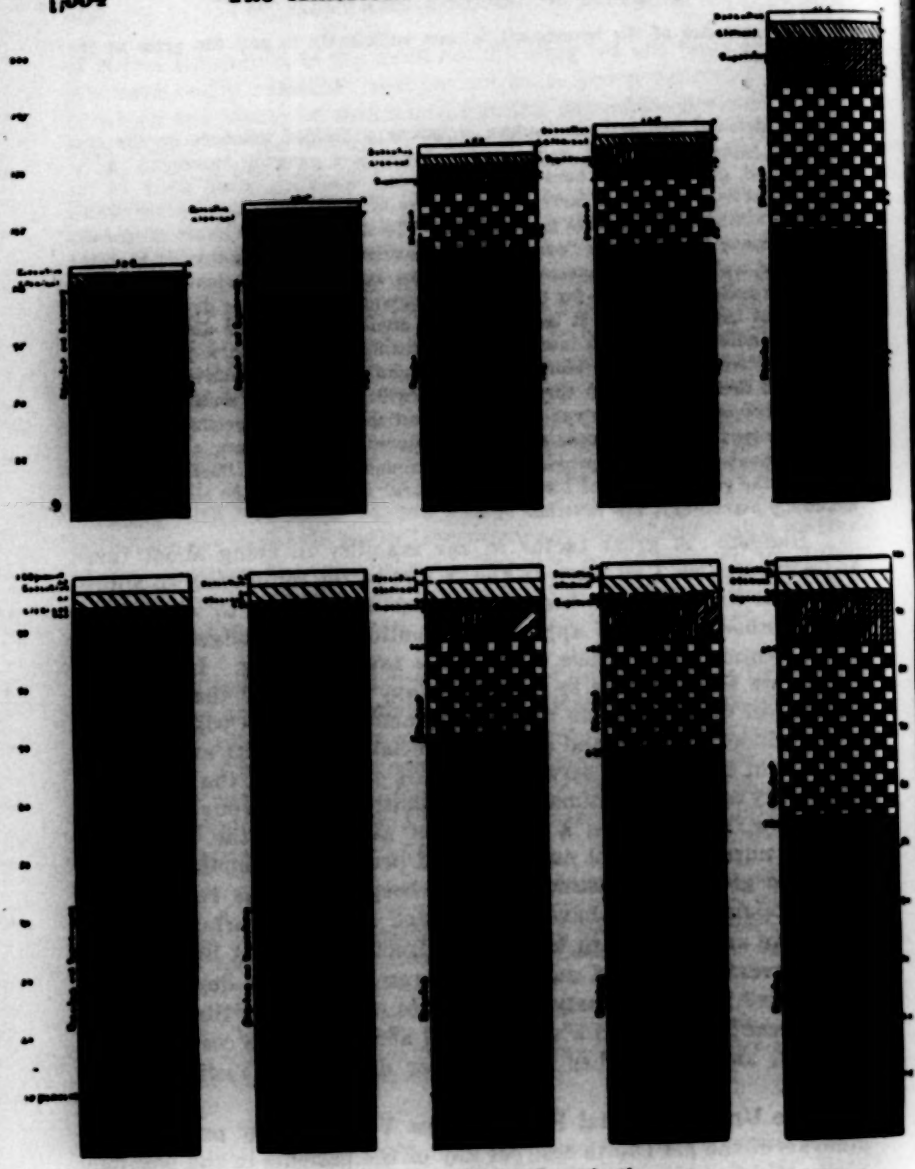
Lastly:

The demand for business leaders is having a decided influence on the curricula of some colleges and universities. There is a growing movement in the direction of greater unity between business and education, since many of the great American industries have a wide range of executive positions for which college training is practically prerequisite. The danger in the effort of universities to make their courses "practical" in response to this situation, is that the specialized and technical courses will begin too early in the student's life. The value of a college education for the modern manager is not in the detailed knowledge about industry which it imparts to the student, but in the ability it gives him to handle all problems intelligently, scientifically and with a proper sense of perspective as between economic and human values. Executives who seek to recruit their staffs from the universities will therefore be doing themselves the best service in the long run if they interest themselves in getting good technical courses into the graduate schools of business administration; and leave the undergraduate schools to provide the background of a truly liberal education in which the general fields of history, the natural sciences and the social sciences, including psychology, are covered.[1]

Budget: A great factor in our inability to bring about these adjustments lies, I am sure, in the failure of the community to appreciate that its health has become a matter of business, to which business methods must be applied. I mentioned the budget as being fundamental to this whole question we are discussing. In the near future we shall be able to present to any community the exact per capita cost of an adequate health programme, and this will, of necessity, include as a part, and a very appreciable part of its expenditure, the cost of the nursing service. Various evidences of the increasing possibility of such an estimate are constantly coming to our desk. We have now, for example, a fairly exact estimate of the number of district nurses or school nurses needed per 100,000 population. Dr. Emerson gives us an estimate of five hospital beds as required per 1,000 population. We have a figure, and a most important one, for which we are indebted to Miss E. A. Greener of Mount Sinai, of the actual average hours of nursing care per patient per day in a hospital,—five hours and forty-nine minutes. The Henry Street Settlement recently published a very careful analysis of the cost per visit, per day, and the number of visits per day of the Visiting Nurse Service.

The United Hospital Fund of New York recently presented an analysis of the per capita cost per day of the patients in the hospitals under their jurisdiction in New York City.

[1] Tead & Metcalf—Influence of the Demand for Business Leaders on the Colleges, etc.



Graph 1—Henry Street Organization.

Key: Clear white, Executive; Slanting black lines, Clerical; Crossbarred, Supervisory; Checkered, Student; Solid black, regular force.

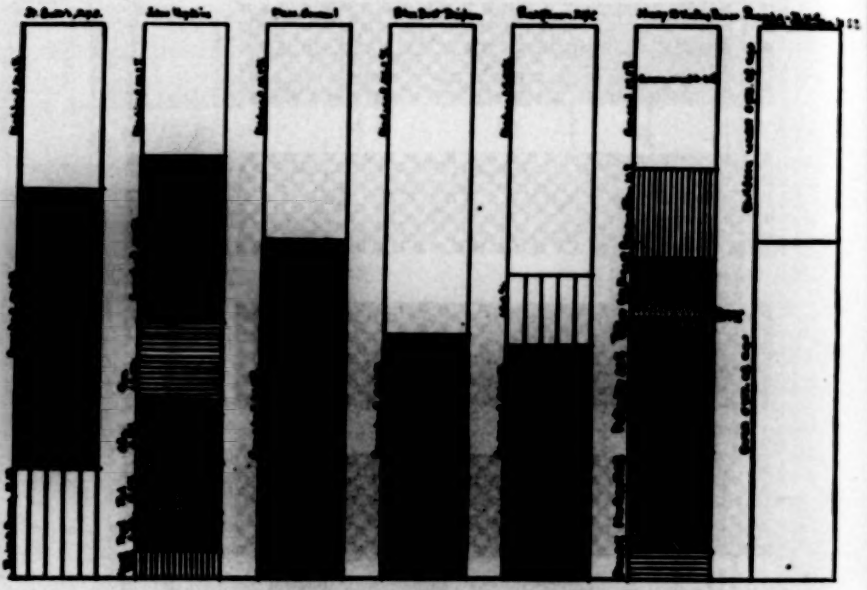
There are some figures which are still lacking. For instance, none are yet available for the cost of maintenance of a nurse per day in a hospital. That figure and that of the salaries, together with the time study, would enable us to determine quite accurately the proportion of the daily per capita cost of patients which should be allocated to nursing. The budget, however, for the school of nursing has been in other respects singularly lacking, and this fact plays an important part in the failure of the schools of nursing to meet the needs of the community through their graduates or to attract the students from higher institutions, or indeed to attract students at all. The graphs accompanying this paper present a very clear picture of the situation. The visiting nursing organization coming into existence after the graduate nurse had appeared in the field undertook the work through a graduate staff. As will be noted, Graph No. 1, which shows the Henry Street organization, presents a graduate staff with a small administrative staff until the year 1917, when a student body was projected into it. The student body brought at once a supervisory staff into existence, which it will be seen increased in almost direct ratio to the increase in the student body until we have in 1920 the following distribution:

Executive	2.5%
Supervisory	9.4%
Regular Staff	55.2%
Student Body	29.4%
Clerical Staff	3.5%

Graph No. 2 presents the nursing personnel of eight of our leading hospitals. It will be noted that virtually the entire care of the sick is dependent on the student body in all of these eight institutions. If there were an even distribution of the various services in the hospitals there would be no particular difficulty with this, provided the supervision were adequate, as in some cases it is, but the study of any hospital or group of hospitals does not reveal such to be the case. This is illustrated by Graph No. 3, which presents as well as can be obtained from the statistics available through the annual reports of these institutions the number and type of cases. This graph presents not only the impossibility of a balanced experience in the various services, if the hospital is entirely dependent upon the student body, but, with the exception of the Johns Hopkins, an absence of those diseases which are most prevalent and most disastrous from the standpoint of the community's health and well-being; namely, tuberculosis, mental, venereal and even communicable diseases. To provide such experience would necessitate affiliations, and in order that

Graph 2—The Nursing Personnel of Eight Hospitals.

Key: Clear white, Executive; Slanting black lines, Clerical; Crosshatched, Supervisors; Horizontal black lines, Probationers; Checkered, Students; Solid black, Regular staff.



Graph 3—Admissions by Departments in in Five Hospitals.

Key: Clear white, Medical; Solid black, Surgical; other markings as indicated.

the period for such experience should be properly limited would necessitate a graduate staff in both general and special hospitals to insure the necessary adjustments. Graph No. 3 also presents an analysis of the morbidity statistics of the 30,000 cases under the care of the Visiting Nurse Service administered by Henry Street Settlement. This analysis emphasizes the importance of the experience in obstetrics and pediatrics. The most important readjustment, therefore, is the provision in the budget of the hospital for the salaries of a staff of graduate nurses for the actual care of the sick. I am well aware that the immediate retort will be that these graduate nurses are not obtainable, to which I shall reply that this is in no small measure due to the failure to make the institutional service as attractive to the graduate nurses as the various types of public health nursing have become. The 44-hour week, the privilege of living away from the institution with all the freedom from regulations and responsibilities that this implies explains, I am sure ,to a very great extent the preference for the public health field. Certainly the physical demands of a visiting nursing service which necessitate the covering of long

distances, the climbing of stairs, the carrying of a heavy bag, are fully as great if not greater than those imposed by the care of the sick in the wards of a hospital. Yet nurses in increasing numbers, women highly qualified both professionally and educationally, are seeking enrollment in such service.

There is no reason why the regulations for the graduate staff within the hospital should not closely follow those that obtain for the staff of a visiting nurse organization. The hours of labor and the period of vacation which have been shown to be advisable from the standpoint of efficiency for workers in industry should certainly be adopted by the health institutions of the country. Experts in the administration of industries say as follows:

> The ten-hour day has generally given way to the eight; and there is every reason to believe that the six-hour day will soon prove still more economical.
>
> Two weeks is the minimum period in which any thorough physical recuperation can take place; and a longer time would be preferable. It will, therefore, be desirable to grant employees who have been in service longer than two or three years a longer holiday. But to make any vacation a contingent of "good behavior" is like making sleep or three meals a day a reward; in reality all are demanded by the dictates of sound hygiene. The federal government's policy of a month's vacation a year, which applies to all its manual workers in the civil service, may seem at present to be a policy of undue liberality; yet it is an enlightened and humane policy which reflects in improved health, work and good-will throughout the year.[1]

In concluding, perhaps I could not do better than to indicate certain immediate steps which might be taken to bring about this end of such great importance, I am sure, to every community. It is obviously impossible for us to find anywhere a new field to enter. An opportunity to enter a community with a free hand of course is not before us, but I am quite certain that almost unconsciously we have embarked on this Central School project. More and more we find the instructor who is going from school to school. In every community we will find an ever closer relationship, I think, between the staffs of the various schools of nursing. Affiliations for the various services are increasing and the University schools will effect even greater changes.

If I were to go into a community today to take charge of a school of nursing, my first effort would be, I am sure, to bring together the staffs of the various schools in the community to discuss the possibility of a centralization of at least the work in the preliminary course. Then I should seek to interest in the further centralization the nurses in the community who were engaged in other phases of work, such as hospital social service, visiting nursing, etc. Above all, I should

[1] Tead & Metcalf, "Personnel Administration," pages 175, 179-180.

at once try to enlist the interest of the women of the community who had given evidence of leadership. If, a few years ago, anyone had told us that the women of New York State in 1921 would have the voting power, I do not believe that we would have for one moment accepted it. The work that the women in New York State accomplished is definite evidence of ability, acumen and leadership and we should corral this power for our great cause.

I believe that if we could secure their interest and assistance, we would be astonished at what could be achieved, and in the near, not the remote future, for ours is preëminently a woman's problem. Our men, many of them, have already all the burden they can carry, but there are, I am sure, many hundreds of women who could give time and effective thought to our problems, and through them we should find our answer.

R. H. Tawney, author of "The Acquisitive Society," has said that if the energy devoted to the protection of private property were expended on the abolishment of prevalent diseases, every town in England could not only be healthy, but beautiful. And some years ago, Tolstoi, asking What is Art, wrote as follows:

> If even a tenth of the force which is now spent on questions of pure curiosity and practical application were expended on true science, which perfects human life, then more than half of the sick would not have the illnesses which in a very small minority of cases are cured in the clinics and hospitals; there would not be bred in our factories a race of stunted, withered children; there would not be, as now, a death rate of fifty out of every hundred children; there would not be a degeneration of whole generations; there would be no prostitution, or the diseases which follow from it; there would no longer be the murder of hundreds of thousands in wars; there would not be those horrors of madness and suffering which our present science considers as a necessary condition of human life.[5]

[5] Leo N. Tolstoi, "What Is Art?" pages 290-291.

Note.—The writer wishes to acknowledge with gratitude the work done by Miss French and Miss Curran in preparing the graphs which accompany this article.

DEVELOPMENT OF A NURSING SERVICE IN BRAZIL

As a natural outgrowth of the public health programme in Brazil the National Department of Health is planning to develop a Brazilian nursing service. As a part of this plan, Mrs. Ethel Parsons went to Rio de Janeiro in August to have charge of the organization of the work. The plans have now been extended to include a nurse training school. Louise Kleinegger, Superintendent of Christ's Hospital, Topeka, Kansas, has been selected for the position of Superintendent of Nurses and Director of the Training School in a new government hospital now under construction in Rio de Janeiro. Miss Kleinegger sailed for Brazil on February 2. She was accompanied by Louise Pitz, who was formerly at Ancon Hospital, Canal Zone. The plans also include sending several American public health nurses. For these positions Johanna J. Schwarte, Agnes Elizabeth Smith and Marguerite Cunningham are sailing on February 18; Alice Cooper and Anne Shaw in March, and Mrs. Bertie M. Rice in April.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

A NOTICE FOR PRIVATE DUTY NURSES

DEAR EDITOR: As Secretary of the Private Duty Nurses' Section of the American Nurses' Association, it will be my duty to give a full report at the biennial convention to be held in Seattle, Washington, in June, as to what the private duty nurses throughout the United States have done regarding the forming of Sections in their State Associations. I shall appreciate a prompt reply as to whether your nurses have such a Section, also the names of the officers with a copy of your by-laws. Although the time is short, let us make the meeting of the Private Duty Nurses' Section the most interesting one of the Convention. To do this the combined help of the private duty nurses will be needed. Will you not cooperate by sending a paper to be read, or a question for discussion? Can we not tell of the splendid work the private duty nurses have done and are doing, and of the things that they propose to do in the future? This is not the time to give up the ship, but to show the lay people, and others in our own profession who it is that is doing the nursing in these glorious United States of ours.

MINNIE S. HOLLINGSWORTH, R.N.,
Chairman, Massachusetts Private Duty Nurses' League and Secretary of the Private Duty Nurses' Section of the American Nurses' Association.
94 College Avenue, West Somerville, Mass.

NOTICE TO "THE EMIGRANTS"

DEAR EDITOR: Arrangements are being made for a reunion at the coming biennial convention of the American Nurses' Association, June 26, in Seattle, of the "Emigrants," that group of members of the Association who traveled across country to the San Francisco Convention in 1908. Since there were two coaches full of them, it is hoped that a considerable group may gather together this June for a review of those good old times. Details of the luncheon reunion will be posted at the Conference Headquarters in Seattle. Those who cannot attend, but who would like to send a word of greeting to the "Emigrants," may do so by sending the message to Ellen V. Robinson, 308 North Michigan Avenue, Chicago, Illinois.

A FATHER'S DEVOTION

DEAR EDITOR: Little Arthur, four years old, was brought to the children's clinic, to the eye specialist. He had ulcers on both eyes and it was diagnosed as probably hopeless, as far as his ever being able to see was concerned. "But," added the doctor, "with utmost asepsis and carefully following instructions and patiently reporting to the clinic every week, he might be benefited." The father, an invalid unable to work and scarcely able to walk, was instructed about the care of eyes. He must wash his hands carefully before drops and ointment were applied, etc., and bring the child to the clinic every week, which he faithfully did for four successive months. The result is, Arthur can see to run about by himself; he goes to school; the scar on each eye is hardly discernible, and when the nurse happened to be making calls in that part of the city the other day, little Arthur was conducting a miniature band with all the grace and bravado of his ancestors.

H. B. W.
New Hampshire

WHY ATTENDANTS WHEN WE HAVE NURSES?

DEAR EDITOR: Let us think a moment on the question of the quality of service given by the graduate nurse of today, the "modern" nurse, which is the underlying cause of the complaint regarding high rates. *Is the modern nurse worth what she asks?* Miss Noyes throughout her article seems to feel that the medical profession *alone* is responsible for the censure of the modern nurse, and that the physicians are the ones who demand and prefer the attendant; whereas they are but voicing the sentiments of the general public when an article such as Dr. Mayo's appears. Why blame the doctor for using attendants, when his patients are unable or unwilling to pay a graduate nurse, or when the nurse refuses the service? Miss Noyes suggests the hospital ward as a solution for those who cannot pay the present rates. Our hospitals are overcrowded most of the time; there are not enough hospitals in existence to carry out such a plan. What about individual preference? I fear Miss Noyes credits the nurse engaged in private duty nursing of today with the same high purpose and the same splendid qualities which she possesses herself. I fear she does not harbor the thought that the nurse is falling rapidly in the estimation of the public, and with the medical profession so *generally*. While the pupil nurse is in the school she has leaders such as Miss Noyes, who hold before her eyes the highest possible standards anyone could desire. When she is released from the school the sterner influences of discipline and splendid example are removed and it would seem, particularly of late, that here is where the unworthy leaders replace the former ones, with a propaganda of discontent and sentiments worthy of any "autocratic closed shop." The *American Journal of Nursing* for November (in the editorial) surprisingly says, "Why expect the nurse to escape when she sees an orgy of spending going on all around her?" But we do not expect her to escape! One all too frequently hears that the present day graduate nurse is far more interested in her dress and affairs of the heart than she is in her cases. Undoubtedly the pupil nurse has been overworked in the past, but here the small hospital should not receive all censure imposed. Large hospitals were equally at fault, if not more so. The question whether the hospital exists for the benefit of the training school, or the school for the benefit of the hospital, has never been answered. However, at the present time many hospital superintendents feel that nursing leaders and educators are over-reaching themselves. A superintendent of nurses of a large hospital told me recently about the attitude of many graduate nurses toward the cases assigned them. It is *not unusual* for nurses to refuse night cases, maternity, and contagious cases, to leave hard cases, and to desire to be employed in homes of the wealthy only. Wherein is the "service to humanity?" We hear many complaints that when called on a serious case, the nurse immediately *demands* a "second nurse." On my own registry, the bulk of those registered refuse cases in the home,—want hospital only. Miss Noyes says that the graduate nurse has been underpaid in the past. This must be the remote past, for to my best recollection and knowledge the private duty nurse has always received a substantial amount in consideration of the scale of prices then prevailing. At the present time, as the thing seems to be working out, I do not see how the graduate nurse of today manages to get along on what she earns, for, of necessity on account of the patient's pocketbook, her cases are far shorter, her waits longer between, than prevailed heretofore. Then she has her preferences for cases to consider, and the scale of living she desires to maintain. No wonder she demands five or six dollars a day, she needs it! Fur coats and furbelows come high! Miss Noyes' condemnation of the attendant is true in

some respects, but the question of the kind of service the modern graduate gives is not touched upon. There are thousands of homes where a graduate nurse would be preferred to an attendant, and could be paid for even at the present rates, *but knowing that she does not care to assist with housekeeping routine in any way*, that she does not really expect to do any cooking for her patient, and that she is often a disturbing element where a maid is employed, the family finds it necessary to employ someone who will give them the kind of service they expect, who can give intelligent care to the sick under the doctor's direction, and who will not become a burden, rather than an aid. There is all too often an intense feeling of dread when a nurse enters the average home, which is deplorable. The nursing field has changed rapidly during the past ten years or less. This development is a splendid and wonderful thing for the nurses who are growing with it; the great army of Public Health Workers which has grown up in response to the awakening of the public to its value is astonishing. Miss Noyes says that "the so-called shortage of nurses is because the demand for them is greater than in former years." True, but who is making the demand? It would be difficult to compile statistics to prove this point, yet I do not believe, as Miss Noyes seems to, that the increased demand comes from employers of private duty nurses. The great army of public health nurses is every day absorbing more and more of our graduates. This we can see plainly through the files of our Alumnae Association, where we note the large and ever increasing number of our graduates who are engaged in public health work. A well-known Boston physician, who is a member of the Board of Health for the city, said recently, "What is the matter with your private duty nurses? The institutional and public health nurse seems to be the highest type developed." Comparisons of public health workers' salaries with private duty nurses' proves easily enough which class is out to give service to humanity and which desires first the money, then the service! Miss Noyes suggests the hourly nurse for those who cannot pay the present rates, or go to a hospital. Not the hourly nurse, Miss Noyes, but the visiting nurse is already invading this field in amazingly large numbers, and so popular is she becoming that a system of hourly nursing will be too late now. Any district nursing registry of calls would show plainly that she is now called into the homes of the rich, the middle class, to well informed and intelligent persons, as well as to the homes of the poor and the ignorant. The community nurse is rapidly becoming indispensable. She has proved her value. We see her now in all the enterprising country towns and communities, in all cities. With her help and advice, the family may now care for its sick members, and prefer to, for obvious reasons. A study of the number of calls made for household nurses or attendants to the Boston Household Nurses' Association proves how these attendants must be advertising themselves by the work they are doing, and nurses should heed the warning these figures give. The attendant is already here. She is not a vague threat made by the doctors or public. Truly, the attendant, poorly trained, certainly constitutes a menace to the public health. The graduate private duty nurse is decidedly out of favor. It is well that the nursing leaders face this fact and set for themselves the task of adjusting the matter. A reaction against the present state of affairs is already creeping into the nursing body itself where any real reform must begin. Already we hear such a report as that read at our Alumnae Association November 7, 1921, the report being made by one of our members who attended the Massachusetts State Nurses' Association meeting which was held in Holyoke a few weeks ago. The report read in part: "A special session for private duty nurses was conducted by Miss Minnie Hollings-

worth, a private duty nurse of Somerville, Mass." Miss Hollingsworth is quoted as saying: "There is too much talk of prices and hours. The nursing profession is being likened to a labor union on this account. There is also too much picking and choosing of cases." She deplored the spirit of commercialism that seems to hover over some nurses, and begged us to remember in these days of high prices a nurse can only be obtained sometimes by great sacrifices on the part of the family. She urged us to remember that, after all, our patients are our chief concern, that it behooved us to be forgetful of self, cheerful and thoughtful. I offer my apologies to the private duty nurse who is not, in truth, in sympathy with this present day development. Her name is legion. There are plenty of splendid women engaged in private duty today who would be worth twice what they are receiving in any home, women of high purpose and ideals, efficient, intelligent nurses of whom any school might well be proud. Let us resolve to give the *service* where it is needed, and the *price* will be secondary.

E. L. M.

Massachusetts.

LEAGUE REPORTS DESIRED

DEAR EDITOR: The Department of Nursing Education in the College for Women, Western Reserve University, is anxious to secure a complete set of the Annual Reports of the National League of Nursing Education. As the National League does not have extra copies for sale, we are hopeful that among the members of the Association there may be someone who is willing either to sell or donate her copies. It has been suggested that possibly the copies belonging to some of the members who have passed on might be placed in the library as a memorial. Carolyn E. Gray, head of the department, will be glad to hear from anyone who may have copies to contribute. Address Department of Nursing Education, College for Women, Western Reserve University, Cleveland, Ohio.

JOURNALS ON HAND

The following persons have Journals on hand:

Anna M. Speers, 155 Hancock Street, Brooklyn, N. Y. September, 1919; September and October, 1920; all numbers of 1921. Will sell at half price.

Ella M. Miller, 2522 North Calvert Street, Baltimore, Md. A complete file of the Journal from April, 1918, to date. Will give these copies to any school, library, or alumnae association offering to pay transportation.

Alfilda Papimpa, Wadena, Minn. December, 1919; the complete volume, 1921. Will send to anyone who will pay the postage.

(A number of "Letters to the Editor" are being held to await their turn for publication.)

A NEEDED IMPROVEMENT

"If this here Burbank is as clever as folks claim he is," drawled Uncle Ike, "why didn't he cross insomnia with sleepin' sickness."—*American Legion Weekly.*

BUDGETS

"What is a budget?"

"Well, it is a method of worrying before you spent instead of afterward."—*Boston Traveller.*

NURSING NEWS AND ANNOUNCEMENTS

The convention of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing will be held in Seattle, Wash., June 26-July 1, 1922. *Arrangements.*—Meetings will be held in the Plymouth Congregational Church. Headquarters will be at the Young Women's Christian Association, near by. *Hotels.*—The Committee on Arrangements urges all nurses who plan to attend the convention to make their arrangements through their committee, writing directly to Miss Margaret Rice, Placement Bureau, Room 4, Y. W. C. A., Seattle, Wash. In making application for a room, the following items of information should be given: Name, address, price of room desired, whether the room may be shared with one or two others, time of arrival, route coming and going, probable length of stay (a deposit of $5 is required for positive reservation), whether any side trips following the convention are desired and the amount that can be spent on these. Those who so desire can make arrangements for side trips with the Waterhouse Tourist Agency, 1616 Second Avenue, Seattle. Almost all the reservations for Alaska for early July are already made. A few may be had in Alaska boats by those applying at once. Those who wish to visit Mt. Ranier after the convention should also make this arrangement early, so that hotel accommodations may be reserved. No one should miss this trip who can possibly take it. The Placement Committee can arrange dormitory accommodations for groups of nurses who wish to keep expenses as low as possible.

For those who wish to make their own arrangements, the following list of hotels is submitted. (A deposit of $5 is required.)

Hotel	Without Bath Capacity Rate	With Bath Capacity Rate
Assembly	$3.00	$4.00
Barker	2.50	3.50
Butler	$3.00 and $3.50	5.00
Calhoun	$2.50	4.00
Frye	$3.00 and $3.50	$4.50 and $5.00
Holland	$2.00	$3.50
Imperial	2.50	3.50
Knickerbocker	$1.50 and $2.00	3.00
Moore		$4.00 and $4.50
Northern	$2.50 and $3.00	$3.50 and $4.00
New Arctic	$2.00	$3.00
New Richmond		5.00
Pembrook	2.50	3.50
Palace	2.50	3.50
Rainier Grand		3.50
Seattle	$3.00 and $3.50	$4.50, $5.00, $6.00
Savoy	$3.00 and $3.50	$5.00 and $6.00
St. Regis	$2.50 and $3.00	$4.00 and $5.00
Seward	$2.50	$4.00
Washington		7.00
Washington Annex	4.00	$5.00 and $6.00
Willard	3.00	$4.00
Wayne	2.50	3.00
Waldorf	$2.50 and $3.00	$3.50 and $4.00

Transportation.—The Seattle Convention is offering to nurses and lay people all over the country a wonderful opportunity to get together and discuss organization and health problems. It also presents a most attractive opportunity for sightseeing or rest, if so desired. The trip through the Canadian Rockies offers unusual scenery, with a twenty-four hours stop at Banff, which includes an auto trip to the Johnson Canyon; short mountain hikes, a swim in a million dollar pool, and 18-holes on the wonderful golf course. An hour or more further on is Lake Louise, located in an enchanting section in the midst of the Valley of Ten Peaks, where another twenty-four stop is planned. Leaving Lake Louise there are more than 600 miles over mountainous country, through Glacier to Vancouver, where passengers are transferred from train to steamer for a daylight sail through the Puget Sound, including an hour or two for an auto ride through the quaint old city of Victoria, arriving at Seattle in time to get ready for the Convention.

Several itineraries have been planned. One of these, starting at Atlanta, Georgia, under the direction of Jane Van de Vrede, will take members through the most interesting section of the Southland, connecting at St. Louis with other delegations and proceeding over an attractive route to Glacier National Park, where a two or three days' stop will be made, and thence to Seattle, returning via California and the Grand Canyon of Arizona.

Other routes take travellers, or return them, through the Yellowstone Park, which is the largest and perhaps best known of the National Parks, or through California and the Colorado Rockies, visiting designated points of interest. However remote may be one's location, she will find it reasonably easy to connect with groups of nurses from various points, or with the special trains from their selected sections, and travel in company, either with a privately planned, or organized itinerary.

RATES, NOT INCLUDING WEEK IN SEATTLE

	22-day trip, returning from Seattle via Glacier Park	25-day trip, returning from Seattle via Yellowstone Park	32-day trip, returning from Seattle via California, Yosemite and Colorado Rockies
From New York	$317.91	$342.91	$463.50
" Philadelphia	315.91	340.91	461.50
" Boston	328.50	353.50	473.50
" Buffalo	300.00	325.00	445.00
" Pittsburg	300.00	325.00	445.00
" Chicago	257.00	282.00	382.00
" Cincinnati	281.00	306.00	425.50
" St. Louis	257.00	282.00	402.00
" Baltimore	314.50	339.50	460.50
" Washington	314.50	339.50	460.50
" Cleveland	293.00	318.00	435.50
" Detroit	290.00	315.00	433.50

The Committee finds that the Frank Tourist Company of New York City offers the most attractive and interesting itineraries submitted at the lowest figures, for an all-expense trip, and is therefore endorsing this Company for the nurses of the Eastern and Middle Atlantic States, with the exception of New

York State, which is covered by an itinerary planned by the State Nurses' Association. For further information and rates, address the member of the National Committee nearest you, or the Frank Tourist Company, 489 Fifth Avenue, New York City, or members of the Transportation Committee at the offices of the three National Nursing Organizations, 370 Seventh Avenue, New York City.

New York State Trip.—The Transportation Committee for New York State has completed arrangements for a special train, comprising standard steel Pullman, dining, and baggage cars, to leave New York City at 1 p. m., Monday, June 19, via the New York Central, for Seattle, stopping at Albany, Utica, Syracuse, Rochester, Buffalo, Cleveland, Chicago, and St. Paul. Special cars may be attached to the train at any point for a party of 25 or more persons. Seattle, via the Canadian Rockies, will be reached Monday, June 26, at 7:30 a. m. Return trip will include Portland, San Francisco, Los Angeles, the Yosemite or Yellowstone National parks, to Salt Lake City, Colorado Springs, Denver, Chicago and New York. The cost of the round trip, returning through either park will be: lower berth, $475; upper berth, $455. Rates from up-state points in proportion. A reduction will also be made to those desiring to make their own hotel arrangements in Seattle. Meals in Seattle have not been included. Any member finding it necessary to return by a direct route can make satisfactory arrangements in this connection by applying to the Chairman of Transportation. A deposit of $25 will be required before reservations can be made on train or at hotels. Balance of amount payable May 19. Applications filed in order of receipt. Address all inquiries to Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn, N. Y.

Trip for the Central Division.—After thorough investigation and also in response to requests, this trip has been planned to include a 300-mile ride along the banks of the Mississippi with an opportunity to visit some of the national parks, by way of the Burlington and Great Northern railroads. From St. Paul, the trip is through the lake park region of Minnesota and North Dakota Glacier National Park where a stay of two days will be made, where the travelers may walk in the hot sun through fields of snow, or may fish, tramp, or rest. From Spokane the route is through the wheat country, then across the Cascade Mountains. At Everett, Washington, tide water is reached, from which place the route extends in a southerly direction along the eastern shore of Puget Sound to Seattle. The party will reach Seattle Saturday evening and have Sunday for rest.

Following is the schedule: June 20, leave Chicago, 10:10 a. m., leave St. Paul, 10:45 p. m. June 21, en route through Minnesota and North Dakota. June 22, arrive Glacier Park, 8 a. m. June 23, leave Glacier Park, 8 p. m. June 24, en route through Montana, Idaho and Washington. Arrive Seattle, 8 p. m.

The party will be personally conducted by a representative of the railroads. The train will have observation car, dining car, and drawing room sleepers. The total cost, from Chicago, lower berth, including two-day tour in Glacier Park and meals in dining car en route will be $149. Lower berth and drawing room will have corresponding rates. Applications should be made at once to Minnie H. Ahrens, 203 North Michigan Avenue, Chicago. The return trip may be made (1) by way of Yellowstone Park; (2) Salt Lake City and the Grand Canon; (3) Colorado Springs and Denver; or (4) the Canadian Pacific. Other routes are available returning through California.

Programme.—An outline of the programme as at present arranged is as follows:

Monday, June 26.—8-11 a. m., Registration for all organizations, delegates and guests. 9-11 a. m., Business meeting of National Organization for Public Health Nursing. 8-9 a. m., Round table on Reorganization, Sarah E. Sly presiding. 11 a. m. to 1 p. m., Business meeting of League of Nursing Education. 8-9 a. m., Advisory Council, American Nurses' Association. 2-4 p. m., Opening session of American Nurses' Association. 2-4 p. m., Meeting of Non-professional Members' Section, N. O. P. H. N. 4:30 p. m., Advisory Council of League. 4:30-6 p. m., Round table, Central Directories and State Headquarters, Margaret Rice presiding. 4:30-6 p. m., Round table, N. O. P. H. N. 5-6 p. m., Meeting of Nurses' Relief Fund Committee, A. N. A. 8 p. m., Formal Joint Opening Session. Invocation, Address of Welcome, responses by the three presidents, address by Annie W. Goodrich.

Tuesday, June 27.—8-11 a. m., Registration. 8-9 a. m., Round table, Reorganization, Sarah E. Sly presiding. 8-9 a. m., Round table, State and Local Committees, Red Cross Nursing Service, Clara D. Noyes presiding. 8-9 a. m., Round table, N. O. P. H. N. 9-11 a. m., Private Duty Section, A. N. A., Frances M. Ott presiding. Papers. 11 a. m.-1 p. m., Business Session of Private Duty Section. 9 a. m.-1 p. m., League Session in charge of the Committee on Education, Isabel M. Stewart presiding. 9 a. m.-1 p. m., Session of N. O. P. H. N. 2-4 p. m., Session of A. N. A., Clara D. Noyes presiding. 4:30 to 6 p. m., Round table of A. N. A., How Shall Hospitals Meet Nursing Obligations? Alice Shepard Gilman. 4:30-6 p. m., Round table of League. 4:30-6 p. m., Round table of N. O. P. H. N. 8:30 p. m., Reception at Sunset Club by Ladies' Board of Children's Orthopedic Hospital.

Wednesday, June 28.—8-9 a. m., Round table, Reorganization, Sarah E. Sly presiding. 8-9 a. m., Round table, Private Duty, Frances M. Ott presiding. 8-9 a. m., Round table, N. O. P. H. N. 8-9 a. m., Round table, League. 9-11, Session of A. N. A., Importance of Faculty Conferences in All Kinds of Organizations, 9-11 a. m., Sessions of League. 9-11 a. m., Sessions of N. O. P. H. N. 2-4 p. m., Joint Session of three organizations under auspices of N. O. P. H. N., Elizabeth G. Fox presiding. 4:30-6 p. m., Round table of A. N. A., Tuberculosis, Mary Marshall presiding. 4:30 to 6 p. m., Round table of League. 4:30 to 6 p. m., Round table of N. O. P. H. N. 8 p. m., Joint Session of three organizations, under auspices of League. Nursing Survey, Josephine Goldmark.

Thursday, June 29.—8-9 a. m., Round table of A. N. A., Legislation, Roberta M. West presiding. 8-9 a. m., Round table of League. 8-9 a. m., Round table of N. O. P. H. N. 9 a. m. to 1 p. m., Mental Hygiene Section, A. N. A., Elnora Thomson presiding. 2-4 p. m., Joint Session of three organizations, under auspices of League. 4:30 to 6 p. m., Round table of A. N. A., Nurses' Relief Fund, Elizabeth E. Golding presiding. 4:30 to 6 p. m., Round table of League. 4:30-6 p. m., Round table of N. O. P. H. N. 5-6 p. m., Isabel Hampton Robb Memorial Fund Committee.

Friday, June 30.—8-9 a. m., Round table on Reorganization, Sarah E. Sly presiding. 8-9 a. m., Round table, A. N. A., How to Interest Younger Nurses in District and State, Alma O'Keefe presiding. 8-9 a. m., Round table of League, Training School Inspectors. 8-9 a. m., Round table of N. O. P. H. N. 9 a. m.-1 p. m., Legislative Section, A. N. A., Roberta M. West presiding. Reports on Recent Legislation. Is a Standard Minimum Law Practicable? Formal Contracts for Reciprocity between States. 9 a. m.-6 p. m., Special All-day Sessions of N. O. P. H. N. 2-4 p. m., Instructors' Section of League. 4:30-6 p. m., Round table of A. N. A., Mental Hygiene, Elnora Thomson presiding. 8 p. m., Joint

Session under auspices of Red Cross Nursing Service, Clara D. Noyes presiding. Superintendents of Army Nurse Corps and Navy Nurse Corps participating.

Saturday, July 1.—8-9 a. m., Advisory Council, A. N. A. 9-11 a. m., Board of Directors, A. N. A., of League, and of N. O. P. H. N. 11 a. m.-1 p. m., Closing Session, A. N. A. 2-4 p. m., Closing Session of N. O. P. H. N. 4:30-6 p. m., Closing Session of League. 5 p. m., Meeting of National Committee on Red Cross Nursing Service.

Notice to State Associations.—All state associations are asked to secure from their membership, annually, two full lists of names and addresses, classified according to districts, alumnae associations, and individual members. One of these lists is to be kept by the state secretary and the other forwarded to the national secretary, or to the treasurer, when dues are paid. Most of the state associations have complied with this request; others should do so.

NURSES' RELIEF FUND, REPORT FOR FEBRUARY, 1922

Receipts

Previously acknowledged	$9,055.28
Interest on railroad bonds	45.00
California: State Association: District No. 1, $18; No. 5, $80; No. 6, $13; No. 8, $7; No. 9, $8.50; No. 12, $9; No. 17, $5	135.50
Connecticut: One individual, Bridgeport	5.00
Delaware: State Association	11.00
Honduras: One individual, La Ceiba	10.00
Illinois: Presbyterian Hospital Alum. Assn., Chicago, $50; First District, $10	60.00
Kansas: One individual, Altoona	3.00
Maine: St. Mary's Hospital Alum. Assn., Lewiston, individual members	10.00
Missouri: Private Duty Nurses of the Central Directory for Nurses, $50; University Nurses' Alum. Assn., $16; Kansas City General Hospital Alum. Assn., $75; four individuals, $4	145.00
Minnesota: 3rd District, $13; 4th Dist., $3; 5th Dist., $12; Asbury Hospital Alum. Assn., Minneapolis, individual members, $7; one individual, $1.05	41.05
Michigan: St. Mary's Hospital Alum. Assn., Detroit, Dist. No. 1	50.00
Maryland: Two individuals	2.00
Nebraska: Dist. No. 2, one individual	1.00
New Jersey: Dist. No. 2, $40; Dist. No. 1, $18; Dist. No. 5, $2	60.00
New York: District 2, one individual, $1; Dist. 4, $42.20; Hospital Good Shepherd Alum. Assn., $182; one individual, $3.50; Dist. 9, one individual, $5; Dist. 12, one individual, $5; Dist. 13, St. Joseph's Hospital Alumnae, Yonkers, $100;[1] two individuals, $20;[1] Cochran Training School Alumnae, Yonkers, $36; two individuals, $3	429.20
Ohio: Graduate Nurses at Grant Hospital, Columbus	11.00
Oklahoma: State Association, $30; The Nurses of P & S Hospital, Muskogee, $8; Oklahoma Registered Nurses' Assn., $22	60.00
Oregon: Good Samaritan Hospital Alum. Assn., Southland, $40; three individuals, $3	52.00
Pennsylvania: Women's Hospital Alum. Assn., Philadelphia, $10.50; Jewish Hospital Alum. Assn., Philadelphia, $55; two individuals, $3	68.50

[1] In memory of Sophia F. Palmer.

Rhode Island: One individual, Providence	1.00
South Dakota: Dist. No. 1, $20; Dist. No. 2, Yankton, $20; Dell Rapids, $7; Mitchell and vicinity, $8; one individual, $1	66.00
Texas: Dist. No. 3, $100; Dist. No. 2, $4	104.00
Wisconsin: One individual, Milwaukee	1.00
	$10,426.72

Disbursements

Paid to 28 applicants	$450.00	
Postage, Chairman	8.50	
Exchange on checks	.60	459.10
		$ 9,967.62
Invested funds, par value		49,150.00
Total, March 1, 1922		$59,117.62

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 E. 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. Louise Twiss, *Treasurer.*

THE DELANO MEMORIAL FUND

A recent report from Harvey D. Gibson, Treasurer of the Delano Memorial Fund, shows a balance now in hand of $7,440.62. Commenting on this comparatively modest sum, Lucy Minnigerode, Chairman of the Delano Memorial Committee, expresses the hope that within the next few weeks the complete amount, $50,000, will be in hand. Miss Noyes writes, "We feel assured that Red Cross Nurses, particularly, will be interested in putting this quota over the top. If each one of our membership, numbering approximately 32,000, would promptly send in one dollar, the required amount would soon be realized."

Checks should be made payable to the Jane A. Delano Memorial. Contributions may be sent to Miss R. Inde Albaugh, 370 Seventh Avenue, New York City, or to any one of the following: Mary K. Nelson, 73 Newbury Street, Boston, Mass.; Florence M. Johnson, 44 East 23d Street, New York City; Jane Van de Vrede, 249 Ivy Street, Atlanta, Ga.; Miss M. Havey, Plymouth Bldg., Cleveland, Ohio; Minnie Ahrens, 306 N. Michigan Avenue, Chicago, Ill.; Olive Chapman, 901 Equitable Bldg., St. Louis, Mo.; Lillian White, Civic Auditorium, San Francisco, Calif.; Harvey D. Gibson, Treasurer, 26 Broad Street, New York City.

ARMY NURSE CORPS

During the month of February, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Camp Benning, Ga., 2nd Lieut. Luna M. Mizelle; to Station Hospital, Coblenz, Germany, 1st Lieut. Lyda M. Kesner, Chief Nurse; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieut. Katie Murphy; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenants Evelyn Mericle and Ebba C. A. Rorby; to Fitzsimons General Hospital, Denver, Colo., 1st Lieut. Frances M. Steele, Chief Nurse, and 2nd Lieutenants Nellie E. Davis, Anna Loveland, and Mary B. C. Reebel; to the Hawaiian Department, 2nd Lieutenants Josephine Veronica Brown, Willie P. Harris, Blanche Hazel Eager, and Barbara A. MacNabb; to Letterman General

Hospital, San Francisco, 2nd Lieutenants Karoline E. Nilson, Miriam S. Wood, Grace B. Cotton, Ida L. Langenheder, and Mildred Slaughter; to the Philippine Department, 1st Lieut. Anne Williamson, and 2nd Lieutenants Nina A. Raub, Clara Swenson, Mary E. Armstrong, Alvine L. Schmidt, Grace Newcomer, and Anna E. Thorpe; to Walter Reed General Hospital, Takoma Park, D. C., 1st Lieutenants Elizabeth D. Reid and Katherine C. Hennan, Chief Nurses, and 2nd Lieut. Ruth R. Brown.

Orders have been issued for the separation from the service of the following named members of the Corps: Mary B. Burris, Martha Cain, Charlotte A. Dunlap, Gertrude Hedges, Signa C. Johnson, Marjorie F. Lockard, Margaret L. McCall, Minnie Nelson, Harriet Noyes, Annie W. Patterson, Irma D. Paul, Edna I. Peters, Hannah T. Richards, Maude J. Scott, Jeanette T. Storey, Helen B. Tucker, Goldie E. Zarwell.

The following named 2nd Lieutenants have been admitted to the Army Nurse Corps and assigned to duty as follows: To Beaumont General Hospital, Fort Bliss, Tex., Audrey Brown, Nora Spencer, Elizabeth Wright; to Fitzsimons General Hospital, Denver, Colo., Ruth M. Bradish, Emma E. Burton, Mary E. Ferguson, Pearl E. Filley, Leona L. Jenkins, Beulah B. Lewis, Svea I. Long, Genevieve McMillan, Lila V. Mahan, Laurel F. Mason, Inez W. Terry, Mary J. Thayer, Bernice Watts; to Station Hospital, Camp Knox, Ky., Amelia F. Hanna, Ruth E. Stevens; to Station Hospital, Fort Leavenworth, Kas., Helena Mercet; to Letterman General Hospital, San Francisco, Eva Johnson; to Station Hospital, Fort Sam Houston, Tex., Mary E. Edwards, Nettie E. Clark; to Walter Reed General Hospital, Takoma Park, D. C., Florence M. Drury, Gertrude E. Murphy, Jean C. Scott, Ethelcen L. Sculthorp, Florence B. Butzbach, Martha E. Calder, Ella M. Clatterbuck, Henrietta M. O'Flynn, Clara M. Patterson, Agnes E. Ryan, Billie A. Sharp, Annie L. Frazier, Irene V. Landers, Norah K. Kelly, Mary Rogers, Laura V. White, Florence S. Hauck, Clara M. Larson, Edna M. Starkey, Hazel B. French, Mary O. Gardiner, Sophie Leandowski, Camilla M. Van Pelt, Lucinda Walsh, Mildred M. Danker, Blanche Chance; to Station Hospital, West Point, N. Y., May Dixon.

The Army Nurse Corps inaugurated visiting nursing in connection with the families of soldiers in four different Army hospitals. At two of the camps, Jackson and Eustis, the work was discontinued because of the withdrawal of nurses from these hospitals. Such work, however, by members of the Army Nurse Corps, is now being conducted at Camp Meade, Md., and in the Hawaiian Department in connection with Tripler General Hospital.

ARMY SCHOOL OF NURSING

To date no word has been received of the failure to pass the State Board examinations of any of the 500 graduates of the school who have taken them in the various states.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps, and Dean, Army School of Nursing.

THE U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Assignments and Transfers for the month of February: Grace Dowling, Assistant Chief Nurse, No. 38 (Polyclinic), New York, transferred to Fox Hills, No. 61, temporarily, pending opening of the Bronx. Catherine Winters, Acting Chief Nurse, Key West, Fla., transferred as Acting Chief Nurse to Algiers, La. Evelyn

Albrittain, Acting Chief Nurse at Algiers, La., to Ft. Logan H. Root, Little Rock, Ark. Katherine Kelly, Assistant Chief Nurse at Tacoma, Wash., transferred as Assistant Chief Nurse to Ft. Lyon, Las Animas, Colo. Anna Samuelsen, promoted from Head Nurse to Assistant Chief Nurse at Stapleton, N. Y.

Since the last report, the Service has opened the hospital at Las Animas, Colorado, for tuberculosis patients. Forty-five nurses have been ordered there by the U. S. Public Health Service, replacing the Navy nurses who were gone entirely by the first of March. The hospital at Dawson Springs was also opened, but will not officially take patients for about two months. This is also a tuberculosis hospital. The Polyclinic Hospital in New York is being closed and it is believed that all patients will be out by the 10th of March. The nurses have been transferred to various hospitals and a number will be sent to the Bronx, which will open about March 27th. The question of a school for postgraduate work in psychiatry has been again brought up, and it is believed that this course will be established in two hospitals in the Service. The first class, of three months duration, will open about July 1. It is purposed in this first class, which will consist of about 30 nurses, to employ a competent instructor at the grade of Chief Nurse, and to detail 30 nurses, preferably from general hospitals of the Service, for special instruction in psychiatry. The course will also be open to nurses from civilian hospitals or others who desire to take postgraduate work in psychiatric nursing.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

NAVY NURSE CORPS

The following nurses have been appointed and assigned at the Naval Hospital at the Station indicated: To Annapolis, Md., Ida C. Carlson; to Charleston, S. C., Ida M. Maple, Muriel V. Cole and Flora M. O'Connor; to Chelsea, Mass., Catherine M. D. Brophy, Regina A. Crawford and Anna G. Fitzpatrick; to Great Lakes, Ill., Margaret E. Beal, Marie Doherty, Edna I. Nelson, Ella R. Byrne and Josephine M. Perrault; to Mare Island, Calif., Marie J. Dillon; to New York, N. Y., Mrs. Mary Lobb Robinson; to Portsmouth, Va., Lillian M. Langford and Lucy B. Williamson; to Puget Sound, Wash., Mary M. Pare; to Washington, D. C., Lydia J. Hennessy (reappointed).

The following nurses have been *transferred:* To Great Lakes, Ill., Josephine Creghan, N. Eva Wolfe and Coyle McBrayer, from Fort Lyon, Colo.; to Guam, Flora A. Gee (via U. S. S. *Argonne*), from Mare Island, Calif.; to Mare Island, Calif., Rosa C. Wertz, Lillian M. Adams and Lillian L. Really, from Fort Lyon, Colo.; to League Island, Pa., Myn Hoffman (Chief Nurse), from Fort Lyon, Colo.; Lucia D. Jordan (Chief Nurse), from New York, N. Y.; to Puget Sound, Wash., Leah M. Janssen, from Fort Lyon, Colo.; to Quantico, Va., Florence R. Partridge, from Brooklyn, N. Y.; to San Diego, Calif., Caroline J. Graham, Annie G. Hamilton and Ruth E. Martin, from Fort Lyon, Colo.; to Sanitarium, Battle Creek, Mich., special course in Nutrition, Ella B. Elwell, Anne Gemkow and Vivant M. Stewart, from Great Lakes, Ill.

Honorable Discharge: Elizabeth D. Bushong.

Resignations: Bessie M. Dunlap, Mary L. Moore, Susan V. Shipley and Mary E. Swarr.

The following Nurses, U. S. N. R. F., in Inactive Status, have been honorably discharged from the Service: Isabelle M. Foster and Nell B. Johnson.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

The U. S. Civil Service Commission announces an examination for Reconstruction Assistant in Physiotherapy and Occupational Therapy, also one for Reconstruction Aide. Information may be had from the Civil Service Commission, Washington, D. C.

The American Hospital Association will hold its annual convention at Atlantic City, September 25-29.

National Hospital Day, which was originated last year, will be observed this year on May 12. A pamphlet detailing the most successful ideas for programmes and publicity may be obtained from the Executive Secretary of the National Hospital Day Committee, 537 S. Dearborn Street, Chicago.

The American Conference on Hospital Service held its annual meeting in Chicago, March 9. Dr. Billings, the President, reviewed the work of the past year and the service made possible by the ability of Miss Hamlin. He asked for better support and for a definite outline for the work of the coming year. He suggested a Hospital Week, in place of Hospital Day. The American Society of Homeopathy was admitted to membership. Officers elected are: President, Dr. Frank Billings; vice-presidents, Dr. Warner and Ida Cannon; trustees for three years, Dr. Bachmeyer, Dr. Bowman and Dr. Dodson.

ENGLAND

A Library of Nursing.—Through the munificence of The Carnegie United Kingdom Trust, which has made a grant of $500 to the College of Nursing, a Library of Nursing, which will be a branch of the Central Library for Students has been established at the headquarters of the College of Nursing, 7 Henrietta Street, Cavendish Square, W. 1, for all nurses and students of Nursing, whether members of the College or otherwise. As the first Library of Nursing of its kind in this country every endeavor is being made to make it especially valuable in meeting the new and advancing educational requirements of the Nursing Profession. No subscription is charged and application forms to become borrowers may be had on applying to The Librarian, College of Nursing, 7 Henrietta Street, Cavendish Square, W. 1.

Arkansas: The Arkansas State Board of Nurse Examiners will hold its annual meeting for the purpose of examining and registering nurses on May 9 and 10, 1922. Applicants who apply for examination must have entered training before January 1, 1920, because on that day the new ruling of the Board requiring three years' training went into effect. Applicants desiring such examination will write the Secretary, Miss Frankie Hutchinson, 310 W. 12th Street, Little Rock. Applications must be in fifteen days before the examination date.

California: Stanford University is offering a summer-session course, June 20-August 1, designed to meet the needs of superintendents and instructors in schools of nursing and to prepare young graduates in teaching work. It will be under the direction of an experienced and well qualified director who is a registered nurse. Educational subjects will be given by professors of the University; professional subjects by the Director. Full information concerning the course, fees, accommodations, and expenses, may be obtained by writing to Stanford University, California.

Colorado: The Colorado State Nurses' Association held its eighteenth annual meeting in Pueblo, February 8 and 9. The League of Nursing Education, Lauretta Mulherin, President, held an open meeting at St. Mary's Hospital

on the evening of February 8. One of the very interesting features of this meeting was the bringing together of the Student Nurses, from both hospitals of the city, the members of the League, representing as they did, superintendents of nurses, superintendents of hospitals, instructors of nurses, and the graduate nurses of the various branches, and the discussion by all, of problems in the education of nurses. The papers of the evening were given by Mrs. Loutzenhoeser, Children's Hospital, Denver, and Sister Marie Gerald, Glockner Sanitorium, Colorado Springs. The following morning was given to business of the State Association, Mrs. Ora Cushman presiding. The programme for the afternoon was under the auspices of the Private Duty Section, Juva Crowley presiding. In response to an address of welcome to the Association by the Mayor of the city, Lettie G. Welch, Denver, one of the charter members of the State Association, stated that this, the eighteenth annual meeting, was the eighteenth which she had been privileged to attend. "The Present Crisis," handled by Anna E. Whalen, Louise Weinharrar and Mrs. Eda May Pine of Pueblo, was a brief resume of the articles written by Dr. Will Mayo, Miss Noyes of The American Nurses' Association and Dr. Beard. Mrs. Pine brought out the point that there was a crisis in the profession, brought about by the inactivity of the recent graduate, in nursing organization work, as compared with women of the type of Miss Welch, who had attended all of the eighteen meetings of the Association. The papers on "Private Duty Nursing" brought out the ethics of the profession, but to the extent that there is something more needed than merely being ethical. The evening session, the Public Health Section in charge, was also very enthusiastic over the work that had been done and the things they hoped to do. Dr. W. E. Buck, Board of Health of Pueblo, spoke of the work of the Public Health Nurse after the Pueblo disaster. Miss J. M. Jacobson, school nurse, Pueblo, gave an excellent paper on School Nursing in a City School. Miss Spaeth of The Colorado Tuberculosis Association, fluent as ever, made you think, while you listened to her, that the work of their association was the one great thing. The only thing lacking in the entire programme was time. Truly, the Public Health Section asked to be put on the programme first the next time, so that nothing might stop them. Officers were elected for 1922 as follows: President, Mrs. Eda M. Pine, Pueblo; vice-president, Carrie B. Moore, St. Francis Hospital, Colorado Springs; secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs; treasurer, E. Luella Morrison, Children's Hospital, Denver.

District of Columbia: Washington. The Graduate Nurses' Association of the District of Columbia will hold its annual meeting Monday, May 1.

Idaho: The Idaho State Nurses' Association held a meeting on March 6, at Boise. No report has been received.

Illinois: Chicago.—The Central Council of Nursing Education held its second annual meeting in Chicago on January 30. The report of Carol L. Martin, Executive Secretary, showed that 98,267 pieces of literature had been sent out and that 19,983 people had been reached through addresses and interviews. Schools and colleges were reported to have responded cordially to appeals for opportunities to present the subject of Nursing to their students and the response of the students has been gratifying. In this connection much use has been made of an attractoscope. Miss Martin states that publicity work is greatly needed, in part to counteract the dangerous publicity of certain types of low grade and short course schools, but it must go hand in hand with efforts to improve the living and working conditions in our schools and hospitals, to make

our courses of greater educational value and to provide suitable social and recreational activities for our students. THE VISITING NURSE ASSOCIATION is giving a course of six lectures on The Nutrition of Children, in coöperation with the Elizabeth McCormick Memorial Fund. The lectures are given at 4 p. m., in the State-Lake Building, twelfth floor. The subjects and speakers for April are: *April 5*, Community Organization for Health Service, by Mrs. Ira Couch Wood, and Rehabilitation of the Family on the Basis of Health, Mary E. Murphy; *April 12*, Approach to Foreign Groups in Health Building, Caroline M. Hedger, M.D.; *April 19*, Psychology of Health Teaching, Mrs. Arnold T. Gesell. THE VISITING NURSE ASSOCIATION offers a six weeks' course in Orthopedic Nursing to graduate nurses, from April 17 to May 27. Details may be learned by addressing the Visiting Nurse Association, 104 South Michigan Avenue. MERCY HOSPITAL ALUMNAE report a card party which was a great success. Marie Andrews, Edna Grieso, and Rose Corcoran are on duty at the Fordham Hospital, New York. THE ILLINOIS TRAINING SCHOOL ALUMNAE met on January 3 at the Old People's Home, Mrs. Duff, hostess. Officers elected are: First vice-president, Jessie F. Christie; corresponding secretary, Sue Fite; treasurer, Mrs. C. D. Wescott. The February meeting was held on the 17th at the Chicago Nurses' Club. A lecture on Tuberculosis was given by George H. Coleman, M.D. As Miss Fite had resigned her position, Mary B. Talcott was chosen to succeed her. Ruth Wilkinson, class of 1920, is head surgical nurse at the Twin Falls County Hospital, Twin Falls, Idaho. THE PRESBYTERIAN HOSPITAL NURSES' SCHOOL held its annual meeting January 9 at the Nurses' Home. Bessie Everett was elected president; Millie Brown, vice-president; Mabel Render, recording secretary, and Mary Morley, treasurer. The weekly teas in the roof garden of the Nurses' Home are proving very successful. The Endowment Committee has planned these as one means of raising money for the Endowment Fund. Ruth Brown, class of 1910, who has been supervising in the hospital, has resigned to take a course at Columbia University. Mary Edna Burgess, class of 1914, who has been at home on a furlough during the past year, sailed on November 19, 1921, by way of the Mediterranean and Persian Gulf for Kermanshah, Persia, American Hospital Mission. Martha Mills, class of 1921, left in October for hospital work under the Baptist Board of Missions in the Philippines. Marie C. Glauber and Margaret B. Jones, both class of 1915, Illinois Training School for Nurses, recently went on duty at the United States Public Health Service Hospital (Speedway), Maywood. THE NATIONAL METHODIST HOSPITALS AND HOMES ASSOCIATION held its fourth annual meeting, February 15 and 16. This association includes in its membership representatives from 72 hospitals, including doctors and nurses.

Indiana: An examination for State Board Registration will be held in the State House, Indianapolis, May 10-11, 1922. All applicants who are eligible to take this examination must have filed all credentials with the Secretary ten days prior to said date, if not, they will be held over until the November examination. All communications should be sent to the Secretary of the Board, Ida J. McCaslin, 501 East Noble Street, Lebanon. Mary E. Gladwin has been appointed Educational Director for the state. Indianapolis.—THE SENIOR CLASS OF ST. VINCENT'S HOSPITAL gave a valentine dance on February 9 at the Athenaeum, the proceeds to be used to furnish a new recreation room for student nurses. Clara Brooks, St. Vincent's Hospital, and Mrs. Mable Scott Huggins, City Hospital, have been employed by the City School Board to conduct clinics on nutrition in the city schools. Ruth Snodgrass and Miss Helms have recently been appointed school nurses, Miss Helms to succeed Mrs. Huggins. Margaret O'Neil has been ap-

pointed on the Public Health Nursing staff. Helen Norwold and Amy Lacy are at the National Military Home at Marion, Indiana. Annette B. Cowles has resigned as superintendent of the City Hospital School of Nursing. Frieda Meirather, her assistant, is acting superintendent. Miss Cowles has done much for the training school since her appointment and the students and members of the Alumnae Association are very sorry to have her leave. Mary Ferguson has been appointed superintendent of the surgery to succeed Theresa Walsdorf. THE INDIANAPOLIS CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION met at the hospital March 11. The plan for a student nurses' loan fund formulated by the Board was adopted, the dues were raised from $2.50 to $5.00; $1.00 of this amount will go toward the "Mother Bryce Loan Fund." A committee was appointed to urge the student nurses to attend the Alumnae meetings. DISTRICT No. 4 of the Indiana State Nurses' Association met March 13 at the Methodist Hospital Nurses' Home. About sixty nurses attended. Dr. Walters gave a splendid talk on Nutrition. Mrs. C. D. Fansler was elected as delegate to the National Convention and Mae D. Currie as alternate. Mrs. Darrell Goetz was appointed registrar of the Lafayette Graduate Nurses' Register to succeed Anna Medendorp, who resigned. A collection was taken for the Jane A. Delano Memorial Fund. A musical programme followed the meeting.

Iowa: Davenport.—DISTRICT 6 elected the following officers at the January meeting: President, Mrs. Elizabeth Flynn; secretary, Edna Athinson; treasurer, Evelyn Beal. MERCY HOSPITAL ALUMNAE ASSOCIATION, at its January meeting, elected: President, Miss McGrath; secretary, Miss Grossman; treasurer, Miss Cundill. Clara Bieber has resigned as anaesthetist at the Evanston Hospital, Evanston, Ill., and has accepted a similar position at the Women's Hospital, New York. Jane Garrad is taking a course in Dental Hygiene. Gertrude Stanley is doing special work in anaesthesia in this city. Council Bluffs.—Graduates of the Jennie Edmundson Hospital gave a miscellaneous shower for Eunice Anderson.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for State Registration, at the Y. W. C. A. rooms in Topeka, May 9-10. Applications should be filed at least ten days prior to the examination with the Secretary of the Board, Sister Mary Helena, St. Luke's Hospital, El Dorado. THE KANSAS STATE NURSES' ASSOCIATION will hold its eleventh annual meeting, May 12 and 13, in Kansas City. Headquarters will be at the Hotel Grund. THE PUBLIC HEALTH SECTION OF THE STATE ASSOCIATION will hold its annual meeting in conjunction with the State Association. May 13 will be Public Health Day, with a luncheon at noon. The subjects to be discussed are: Promotion of Public Health Education, Tuberculosis, Development of Associations to Enlist the Active Interest of Nurses, City and County School Nursing. Topeka.—DISTRICT 1 had a dinner at the Elks' Club on March 14, followed by a business session.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination in Louisville May 23-24, 1922, for the purpose of registering graduate nurses. All necessary information and applications may be obtained from the Secretary, Flora E. Keen, 115 N. Main Street, Somerset.

Maine: THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration Wednesday and Thursday, April 19 and 20, 1922, beginning at 9 a. m., at the State House, Augusta. Applications should be filed with the Secretary, R. A. Metcalfe, Central Maine General Hospital, Lewiston, fifteen days previous to date of examination. Before taking examinations it is necessary to present diploma from training

school from which you graduate; if a graduate from an affiliated school, present that diploma also.

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for state registration during the third week in May. All applications must be filed not later than April 20, with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore. The Maryland State Nurses' Association held its nineteenth annual meeting in Odor Hall, Baltimore, on January 26 and 27, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association. The meeting was opened with prayer by Rev. C. Sturges Ball. At the business session the reports of all the committees were read. Jane E. Nash, chairman of the Legislative Committee, gave an outline of a bill to be introduced in this session of the Legislature to provide for state registration of licensed practical nurses for the sick. The bill places the enforcement of the act under the Maryland State Board of Examiners of Nurses. Mrs. Guilelma H. Bode, chairman of the Jane Delano Memorial Fund Committee, reported that $266.25 had been contributed and that several Alumnae had not as yet reported. Helen C. Bartlett, president of the State Board of Examiners of Nurses, reported that 277 nurses registered in 1921 and that the total number of nurses registered in Maryland, January 1, 1922, is 3,165. Elsie M. Lawler, president of the State Association, in her annual address, suggested plans for the coming year which undoubtedly will increase the activities of the Association. The Maryland State Public Health Nurses held their meeting in the afternoon of January 26, and after a short business session, Jane B. Newman, president, introduced the speakers: Dr. Esther L. Richards, Chief of the Psychiatric Department of the Johns Hopkins Hospital, who spoke on The Progress of Public Health Work; and Robert C. Clothier, vice-president, Scott Company, Consultant of Industrial Personnel, who spoke on the Efficient Worker. A "Get Together" supper was served at the close of the afternoon session, an orchestra furnished music and the Community singing was heartily enjoyed by all. Alice Fitzgerald, formerly Director of Nursing Service of the League of Red Cross Societies, Geneva, Switzerland, was the speaker at the public meeting held on Thursday night. Miss Fitzgerald spoke of the work of nurses in many countries and made clear to all the nurses present that they had a definite responsibility in helping to build up the work of nurses in these many countries. The audience was most enthusiastic in praise of the words and work of the speaker. The Friday afternoon session was a joint conference of the three associations, with discussion of subjects pertaining to nursing affairs in the State of Maryland. Officers for 1922 were elected as follows: President, Elsie M. Lawler; vice-presidents, Mrs. Robert P. Bay and Jane E. Nash; secretary, Sarah F. Martin; treasurer, Mrs. Guilelma H. Bode; directors, to serve three years, Eleanor Evans and Laurina Stevens; to serve two years, Mrs. Nathan Winslow and Mrs. H. K. Taylor; to serve one year, E. Getzendanner and Mary Ingle. The Maryland State League of Nursing Education, Effie J. Taylor, vice-president, presiding, held a short business session which was followed by a most instructive demonstration of nursing procedures. This session was held on Friday morning, in the Medical Amphitheatre at the Johns Hopkins Hospital. Officers for the League were elected as follows: President, Maude Gardner; vice-president, E. J. Taylor; secretary, Charlotte A. Snow; treasurer, Jessie Kendall; executive committee, Mary C. Packard, Elsie M. Lawler, Stella Sampson.

Massachusetts: The Board of Registration of Nurses, State House, Boston, will hold an examination for applicants for registration on Tuesday and

Wednesday, April 11 and 12, 1922, at time and place which will be designated on admission cards issued on the filing of applications. Application for any examination must be filed seven days before the examination date. Each applicant must be present both days until dismissed. Boston.—The Boston City Hospital Nurses' Alumnae Association held a regular meeting at the Hospital, March 7. After a short business meeting, the members were taken in groups of ten to visit the various departments of the hospital. Tea was served later in the Medical Library by the superintendent of nurses, Ellen C. Daly, and her assistants. The Alumnae Association of the Massachusetts Homeopathic Hospital met on February 6. Miss Vincent was chosen to succeed Mrs. Sprague as recording secretary for the remainder of the year. On March 6, the Association met at the Evans Memorial and enjoyed an entertainment given by the Industrial Nurses, Mary Pond White, chairman. The members of the class of 1922 were guests of the Association. The New England Industrial Nurses' Association met on February 11, at 3 Joy Street. Dr. Donald V. Baker, president of the newly organized Nurses' Health Insurance Association, Inc., explained its benefits. Evelyn Schmidt spoke on Industrial Dentistry. The Guild of St. Raphaelle held a regular meeting at Boston College High School, March 13. After the usual exercises and business, an entertainment was given by the Glee Club of the Quartermaster's Department, U. S. A. New Bedford.—St. Luke's Hospital Alumnae Association held a meeting on March 6. Ellen M. Atchison, of the U. S. Veterans' Bureau spoke on Seven Years as a Public Health Nurse.

Michigan: The Michigan Board of Registration of Nurses will hold an examination for graduate nurses April 25-26, in Lansing. All candidates who were graduated prior to December 1, 1921, must qualify to 9th grade preliminary education, and the fee for the examination will be fifteen dollars. Application should be made to the Board of Registration of Nurses, 206 State Office Bldg., Lansing, Mich. It is now illegal in Michigan for any person to practice nursing for hire as a trained, certified, graduate or registered nurse or trained attendant without first obtaining a license from the Board of Registration of Nurses and Trained Attendants. All graduate nurses who were registered in Michigan prior to the passage of the Act are required to re-register, for which a fee of one dollar is charged. Notice of this requirement was sent to all registered nurses but due to incorrect addresses, about two thousand letters have been returned to the office of the Board. Applications for re-registration are still being considered by the Board and all registered nurses in Michigan who have not yet re-registered should do so without delay. "Michigan registered over 5,000 nurses prior to the date of the passage of the present law. All of these are expected to re-register with the Michigan Board of Registration of Nurses for the year 1922. So far only 3,000 have done so. There will be no question regarding re-registeration at any time during this year. After re-registration, all nurses should be expected to show their renewal card when entering a hospital or applying for membership in the District Association. The nurses registering during the current year will not need a renewal card. In that case they would make use of their certificate of registration from the Board, or if they have not received it yet, a statement that they are registered from the Board, before being entitled to practice in hospitals, or receive membership in District Associations or Alumnae Associations." The Michigan State Nurses' Association will hold its annual convention in Muskegon, May 23-26. The Michigan State League of Nursing Education is planning to conduct an institute for teachers in Ann Arbor this spring, as usual. The institute is under the auspices of the Committee

on Education of the League, Alice Lake, chairman. Detroit.—THE FIRST DISTRICT ASSOCIATION held its regular meeting March 3rd. Many interesting items were taken up at this meeting. Michigan nurses have for some time been members of the Business and Professional Women's Club of the state. A monthly journal is published by the Business and Professional Women's League in which the First District is given a page for announcements and activities, each month. During the campaign for recruiting student nurses in training schools, space was always available in the journal and professional women's magazine for nursing articles. The Couzens' home, which is the beautiful new quarters for the Farrand Training School for Nurses connected with Harper Hospital, is about completed. A formal opening will be held some time in May. At present the class rooms and laboratories are being used by the training school. Lansing.—THE SEVENTH DISTRICT ASSOCIATION held its annual meeting in the Nurses' Home of the Sparrow Hospital, March 6. Eight senior nurses, who recently graduated from Sparrow Hospital, joined the Association and the new president was in the chair. After the regular business meeting, Mrs. Barbara Bartlett of the University of Michigan, was asked to speak on the two courses in Public Health Nursing at the University.

Minnesota: Minneapolis.—THE UNIVERSITY NURSES' ALUMNAE ASSOCIATION at its meeting held February 16, adopted the following resolutions:

WHEREAS, We, the nurses of the Alumnae Association of the University of Minnesota, are so deeply grateful to Dr. R. O. Beard for his untiring efforts in behalf of this school, and in the best interests of nursing education as a whole, and because of our great pride in his public defense of our profession, and because of our great personal affection for him as a friend and teacher,

Be it resolved, that we hereby unanimously elect him an honorary member of this Association.

Be it further resolved, that a copy of this resolution be presented to Dr. Beard and that copies be sent also to Miss Powell, THE AMERICAN JOURNAL OF NURSING, *The Alumnae Quarterly*, and incorporated in the records of this Association. Anna Westley and Louise Kellogg of the Third District, have been chosen delegates to the administrative board of the Hennepin County Public Health Association. This Association is a federation of all the public health societies in the city of Minneapolis organized to coördinate the work of the existing health agencies. St. Paul.—THE LEAGUE OF NURSING EDUCATION was delightfully entertained at the State Hospital for Crippled Children on the day of the last regular meeting. After the business session, which was well attended, tea was served by the Superintendent of the hospital, assisted by members of the nursing staff, and an opportunity was given to visit the various departments of the hospital. The officers of the League for the ensuing year are: President, Caroline Rankielleur; secretary, Mrs. Pearl Rexford. Sister Domitilla, chairman of the Committee on Nursing Education, has prepared a form letter and a poster to be sent to every school in the state in order to stimulate, in the senior nurses, an interest in teaching. Sister Domitilla also has in mind a plan for the standardization of nursing procedures. Gladys Boyes, a graduate of the Children's Memorial Hospital, Montreal, is now Superintendent of Nurses at the State Hospital for Crippled Children, and outlined in detail to the members of the League the course now being given to affiliating and postgraduate nurses. THE CITY AND COUNTY HOSPITAL has as members of the nursing staff, Verna Stapleton, graduate of Mercy Hospital, Des Moines, Iowa, who is Assistant Superintendent of Nurses; Elma Johnson, graduate of Iowa University Hospital, Instruct-

ness; and Florence Cox, graduate of Ethel Hospital, Minneapolis, as Obstetrical Supervisor.

Nebraska: Grand Island.—District No. 1 held its 25th annual meeting at the Y. W. C. A., Hastings, on January 12, with an attendance of forty. Because of the wide area covered by the District, it was decided to hold a special meeting at Alliance for the convenience of those unable to attend the regular meeting. The morning was devoted to business, and the afternoon to a programme arranged by the Adams County nurses.

New Jersey: The New Jersey State Nurses' Association will hold its twentieth annual meeting at the Nurses' Residence, Newark City Hospital, Newark, on Friday, April 7, at 9.30 a. m. The association was organized at a meeting held in this same place. The New Jersey League of Nursing Education will hold a meeting in the afternoon. A banquet will be held at the Washington at 6.30 p. m. Tickets ($1.50) may be obtained from Carolyn Schmoker, Newark City Hospital. The New Jersey State Organization for Public Health Nursing will hold a meeting on Saturday, April 8, in the same place. The New Jersey State League for Nursing Education held its annual meeting in the Elizabeth General Hospital on January 27. Miss R. Isde Alhough gave a most interesting talk on what the National Nursing Headquarters had done for nurses since the war and what it hoped to do in the future. Kathleen Crosbie, anesthetist of St. Barnabas Hospital, Newark, spoke on Anesthesia As a Field for the Registered Nurse. Mary Young, Science Teacher at Muhlenberg Hospital, gave an illuminating talk on the Reference Library and its management. Officers elected for the year are: President, Ida F. Austin; vice-president, Marietta B. Squires; secretary, Marie Louis; treasurer, Anna Scott; directors, Mary Stone, Huldah Randall, Katherine Collins. Hackensack.—The Nurses' Alumnae Association of the Hackensack Hospital is endeavoring to raise funds for the endowment of a room in the new hospital. A card party, held in the Nurses' Home for this purpose on February 16, brought $225. A dance will be given in the near future. Newark.—The Newark City Hospital Alumnae Association held its annual meeting February 27, electing: President, Agnes M. Keane; vice-presidents, Sarah Van Gelder and Elizabeth Smith; secretary, Florence E. Grove; treasurer, Sarah V. Traynor. Miss V. B. Smith spoke on Life Insurance for Nurses. The Association voted to send $10 to the Nurses' Relief Fund. In October a dance was given by which $100 was raised for the Jane A. Delano Fund. Charlotte M. Larner, who served in the hospital faithfully for five years, has gone to China as a missionary nurse. The Association has furnished a room in the hospital for the use of any member of the Association who is ill.

New York: New York.—The Nursing and Health Section of the Alumnae of Teachers College met February 10-11 and was unusually well attended, members coming from St. Louis, Cincinnati, Cleveland, Boston, and other cities nearer New York. Those in attendance were of the younger group and are holding positions as assistants, instructors, and supervisors. The programme included the general topics: (1) Ethical Standards in Nursing; (2) Advances in Educational Standards; (3) The Public Health Nurse As a Teacher. The main discussion in the general sessions centered around the subject of professional ethics. Dr. Kilpatrick gave a good deal to think about in his presentation of the basis of professional ethics. His paper and others on this subject will be published later. In the section for administrators and instructors in nursing schools the main interest centered about the problem of preparing

teachers and supervisors and securing intelligent and interested coöperation from them and other members of the nursing staff. The whole discussion pointed to the urgent need for a new type of teaching supervisor or clinical teacher who could work pretty constantly with students in the wards and help to coördinate their theoretical and practical training. A better system of training supervisors and head nurses was also felt to be an urgent necessity. Head nurse conferences were strongly recommended as one means of training this group. Miss Goodrich's paper on the Consolidation of Nursing Schools is published in this issue of the *Journal*. The Public Health group discussed the better organization of field work for student nurses and outlined standards for judging the educational value of field work. The question of health teaching in schools and homes was also taken up in some detail. Publicity was another important subject of discussion with special application to the work of the Public Health Nurse and the recruiting of student nurses. Miss Nutting presented interesting statistics from the recent census showing the steady growth of nursing and its rise in professional status. At a luncheon a number of visiting members told of progress in increasing and consolidating of educational resources through university affiliations, endowments, and community coöperation. Some recent developments in the Department were announced by Miss Nutting, and Mrs. Jenkins told of her continued interest in and support of the work. Buffalo.—District 1 held its regular monthly meeting February 15 at the Central Branch of the Y. M. C. A. Mr. Faulkner, of the Children's Aid Society, gave a very interesting talk on the work of that society. Clifton Springs.—Mary M. Roberts, co-editor of the *Journal*, addressed the Clifton Springs Sanitarium Alumnae Association at its regular meeting March 3. A social hour followed. *The Mydriatic*, a handsome quarterly edited by the student government association of the Clifton Springs Sanitarium School for Nurses, appeared for the first time March 1. The students at the Sanitarium are progressive, but not selfish. They have allotted a page to Alumnae news. Canandaigua.—The Frederick Ferris Thompson Hospital is to have a beautifully equipped maternity building, the gift of Mrs. Thompson. It will have accommodations for thirty patients. Watertown.—District 6, Katherine B. St. Germain, class of 1909, Good Samaritan Hospital, has resigned as assistant superintendent of that hospital, a position she has held for many years. She will be greatly missed. Edith M. Sutton, class of 1915, succeeds her. Utica.—District 7, Faxton Hospital is to have an addition containing fifty or more beds. Bessie Tibbits has been appointed Principal of the Training School. Miss Tibbits is a graduate of the school. Brooklyn.—District 14, The Alumnae Association of the Methodist Episcopal Hospital held its annual meeting on February 14 in the Nurses' Home. The following officers were elected for 1922: President, Jane A. Cornes; vice-presidents, Mrs. Mary Ellis Nelson and Mrs. Maud Baskin; treasurer, Mrs. Mary Graham Liddle; recording secretary, Regina Wright; corresponding secretary, Sarah M. Johnson; trustees, E. Schoonover, Nettie Brady, Alice McEwen.

North Carolina: The Board of Examiners of Trained Nurses of North Carolina will meet in Raleigh, N. C., May 24-25, and give examinations to applicants for certificates of registration. Examinations will be held in the Capitol, and headquarters of the Board will be at the Yarborough Hotel. Effie E. Cain, Secretary, 1206 South Fulton Street, Salisbury.

North Dakota: The North Dakota State Nurses' Association will hold its annual meeting in Fargo April 27-29. The North Dakota State Board of Nurse Examiners will hold its next examination May 2 and 3 at Bismarck. All

applications must be in the hands of the Secretary at least twenty days prior to examination. M. Clark, Secretary and Treasurer, General Hospital, Devils Lake.

Ohio: The Ohio State Association of Graduate Nurses will hold its annual meeting in Dayton April 27 and 28. On the 27th, the morning will be given to business and the afternoon to the Private Duty Section. On the 28th, the morning will be given to the League of Nursing Education and the afternoon and evening to the Public Health members. An Institute for Instructors under the auspices of the State League will be given in June. Announcement of dates will appear in the May *Journal*. Cincinnati.—The Christ Hospital and Jewish Hospital Alumnae Associations held a joint meeting on February 15. Dr. Mable Fernald of the Board of Education, gave a most interesting talk about the aims of the mental test as applied to children and the adult, and the significance of their findings in these tests. The Christ Hospital Alumnae entertained the members of District No. 8 February 27, the speaker being Miss Hicks of the Council of Social Agencies. The Club House Committee gave a very interesting and encouraging report; $235.60 was realized from the sale of tickets for the illustrated lecture given by Mr. Green, assisted by the Student Nurses' Glee Club, School for Nurses, Christ Hospital. On February 16 a bridge tournament was played at eight country clubs from which $1,775.80 was realized. Mary L. Hicks, executive secretary of the Public Health Federation, talked on the activities of the Federation. Louise Schroeder of Christ Hospital is enjoying a leave of absence from her duties as surgical supervisor. Emma Junker, class of 21, has accepted a position as head nurse of one of the departments of the Children's Hospital. Miss Rummel, class of 19, has taken the position of surgical supervisor at the hospital. Lois Miller, class of 21, has accepted a position as Assistant Surgical Supervisor. Clara E. Waln, class of 21, has become assistant instructress. The Student Nurses' Glee Club, an organization of the Student Government League, gave a recital February 24 at the Medical College Auditorium, realizing $150 toward their benefit fund. The Alumnae Association of the School of Nursing and Health, Cincinnati General Hospital, is issuing a monthly pamphlet for its members. The committee asks for news items. The Cincinnati League of Nursing Education met on February 20 at the Good Samaritan Hospital. Phoebe Kandel read an interesting paper on Nursing in Communicable Diseases. As a result of a request from the Private Duty Section, a course of lectures and demonstrations is being given, one weekly for fifteen weeks, under the auspices of a committee from the League and from the Public Health Federation Nursing Council. Those given in March were: Shepherd-Towner Bill and Pre-natal Work, Dr. Albert Bell; Care of the New-born, Dr. Henry Woodward; Demonstration,—Preparation for Delivery in the Home, Miss White; Principles of Infant Feeding, Dr. Blackfan; Demonstration,—Preparation of Infant Feeding in the Home, Helen Rankin; Demonstration,—Preparation of Infant Feeding in the Hospital, Carrie Beahan; Nursing of the Mentally Ill, Dr. Emerson North. Dayton.—A District Conference of Public Health Nurses was held at the National Cash Register Plant on March 6. The programme included a trip over the plant, followed by luncheon, then talks on Industrial Hygiene by Dr. Barr; Public Health by Bloecher Marquette of Cincinnati; Publicity by Mr. Mason of the State Department of Health. The meeting was then turned over to the nurses for a general informal discussion of the work and problems involved. Cleveland.—Minnesma of the Section on Education of District 4 met at Lakeside Hospital to hear reports of the meeting of the Teachers College Alumni Association from Miss Anscombe of Mt. Sinai, Mrs. Parks of City Hospital and

Miss Ramsey of Lakeside. A REUNION OF LAKESIDE ALUMNAE AND THE LAKESIDE UNIT was held on February 7, at Flora Stone Mather Hall. The doctors' orchestra furnished music. THE GRADUATE STAFF OF NURSES OF THE VISITING NURSE ASSOCIATION are attending monthly demonstrations of nursing procedures given especially for them at the various hospitals. COURSES FOR STUDENT NURSES are now being given jointly: Bacteriology, Anatomy and Physiology,—Mt. Sinai and Lakeside Schools; Chemistry,—Mt. Sinai, Huron Road and Lakeside. The plan permits better equipment facilities and better qualified instructors for all. Elyria.—THE ELYRIA MEMORIAL HOSPITAL ALUMNAE met on March 16 and heard an address by Dr. C. M. Herald on Infection and Immunity. Mae McIntyre, class of 1919, Stony Brook, Ontario, Canada, who has been ill for two years, would welcome letters from her classmates and friends. Mansfield.—THE GRADUATE NURSES' ASSOCIATION, DISTRICT 5, met on January 29 at the Y. W. C. A. rooms and elected: President, Mrs. Edith Packham; vice-president, Blanch Metzger; secretary, Ida Hunter; treasurer, Clara Fox. The annual report shows an increase in membership, many prospective members, and each one seeing the benefits of membership. Plans are being made for a large attendance from the District at the State meeting in April. Youngstown.—DISTRICT NO. 3 held a Delano Memorial meeting in the Public Library on March 15, a large number of nurses and interested friends attending. Mary M. Roberts, co-editor of the AMERICAN JOURNAL OF NURSING, was the speaker and in her usual entertaining manner, pictured beautifully the life of our beloved Jane A. Delano. From this intimate study of her life an answer was found to many of our present day problems. The Alumnae Association comprising this District reported $155.00 contributed to the Memorial Fund, with some contributions outstanding.

Oregon: THE OREGON PUBLIC HEALTH NURSES' ASSOCIATION held a very successful conference in the southern end of the state in February. The University of Oregon will give these public health nurses who are enrolled in the Portland summer school this year, credit for time spent in attendance at the Seattle conventions. Mrs. Glendora Blakely, recently county nurse in Hood River County, has accepted a position with the State Bureau of Public Health Nursing and Child Hygiene and will do field supervision. THE OREGON LEAGUE OF NURSING EDUCATION was organized in Portland in January with twelve charter members. Affiliation with the National League will be applied for in the near future. Grace Phelps is chairman and Mrs. Genova Young secretary. Helen Hartley is chairman of a committee to formulate constitution and by-laws. Portland.—ELIZABETH FREEMAN, graduate of the Good Samaritan Hospital, is doing community nursing in Honolulu. Nell G. Tucker, who has been instructor of Red Cross classes in Portland, is now with the Seattle Chapter in the same capacity.

Pennsylvania: Philadelphia.—THE FIRST GENERAL REUNION OF THE GRADUATE NURSES OF THE PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES was held recently at at the Rittenhouse Hotel. After the dinner a brief history was given of the foundation of the Orthopaedic Hospital in 1867, and of the Infirmary for Nervous Diseases, three years later. In reviewing the early years of the Hospital, many illustrious names were recalled,—Dr. Samuel D. Gross, Dr. Thomas G. Morton, Dr. William Hunt, Dr. S. Wier Mitchell, Dr. Wharton Sinkler, Sir William Osler and many others, who gave liberally of their time and talents to advance the hospital to its present high standard of excellence. The progress of the Training School since its organization in 1887 was outlined—the many changes in methods and curriculum contrasting strongly

with the stable personnel of both the Hospital and the Training School. A warm tribute of appreciation was enthusiastically given by all present to Margaret S. Wilson, who has been Superintendent of the Hospital since 1899, when Miss M. Belle Swain, later Mrs. H. P. Boyer, who had for ten years been laying and strengthening the foundation of excellent traditions, resigned. Following the Training School history, twenty-nine of the thirty-four classes gave a resumé of their class activities since graduation, one of the most spirited being read by a member of the first class,—1893. Howard Hospital Alumnae Association gave a reception to the new superintendent, Miss Crossen, March 16. A card party and dance will be given at the Acorn Club on April 19. The Jewish Hospital Alumnae gave a dance on February 28. The Mt. Sinai Hospital Alumnae held a meeting on January 27 with a programme of special interest to private duty nurses. The Children's Hospital held graduating exercises for a class of nine, February 22. The address was given by Mary M. Roberts of the American Journal of Nursing. The diplomas were presented by Edward S. Sayres, president of the Board, and the pins by Mary E. Norcross, assistant superintendent. Scranton.—Hahnemann Hospital Alumnae held its annual banquet and dance on February 8, at the Elks' Club. Mrs. Davison spoke on the Nurses' Relief Fund. Harrisburg.—Harrisburg Hospital Alumnae held a meeting on February 1. Mrs. Lyman Gilbert spoke on Health Work Abroad. A social hour followed. Berwick.—The Bloomsburg Hospital met on February 28 and elected officers: President, Mrs. J. R. Montgomery, Jr.; vice-presidents, Mrs. Dewey Harris and Maude Stedman; secretary, Katherine C. Farver; treasurer, Mrs. Boyd Johnston. A social hour followed, Marion Smith, Superintendent of the Hospital, being hostess. Altoona.—The Alumnae Association of Altoona Hospital entertained the staff and the pupil nurses at a Valentine Party on February 14. Lancaster.—The Alumnae Association of St. Joseph's Hospital held a regular meeting March 6, 1922. Plans for a card party and dance which the Alumnae propose holding May 8, for the benefit of the Nurses' Endowment Fund of the hospital, were discussed. The Alumnae reports the sale of ten thousand specially marked pencils within the last month from which they will realize $600 towards the Fund.

Rhode Island: The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration at the State House May 18 and 19, 1922, at 9 a. m. Application blanks and information may be obtained by addressing the Secretary-Treasurer, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket, R. I. Providence.—The Rhode Island Hospital Nurses' Club was addressed in February by Miss Penfield, the Social Director of the Training School, who gave an account of her accomplishments and hopes for the students. At the March meeting Hans Schneider gave an illustrated lecture on his Trip through Glacier Park with Howard Eaton.

South Carolina: The South Carolina State Nurses' Association will hold its annual meeting, April 24 and 25, in Greenville. An especial feature of the meeting will be a playlet put on by the Public Health Nurses. Attention is to be given to standardizing the alumnae associations throughout the State.

South Dakota: Madison.—The Alumnae Association of the New Madison Hospital was organized in August, 1921. Meetings are to be held quarterly, September, December, March and June. Officers elected are: President, Miss Olsbo; vice-president, Petra Jenson; secretary, Olinda Schrepel. Dr. Woodworth from the State Sanatorium at Custer, was in attendance at a two-day Tuberculosis

Clinic held at the hospital, February 10 and 11. In spite of a blizzard, the attendance was encouraging, numbering fifty-one.

Texas: The State Board of Nurse Examiners will hold examinations May 11, 12, and 13, at El Paso, Galveston, San Antonio, Temple, and Dallas. The Board of Nurse Examiners will hold its regular meeting in Ft. Worth, in June, prior to the State Nurses' Association meeting. Houston.—District 9 hold a regular meeting February 5, in charge of the new officers,—Nelle Burlingame, president, and Retta Johnson, secretary-treasurer. After a short business meeting, Mrs. S. C. Reed gave a talk on the Y. W. C. A. and its work. Dr. Phebe Howard gave a very interesting talk on The Nursing Situation in Houston. An effort to raise the standard and maintain traditional ideals is being made. A committee of six was appointed to investigate and report the current opinion of the lay people on the present situation. The Baptist Sanitarium Alumnae enjoys the distinction of being the only one in the state which includes membership in the state and national Associations. This Association strives for the promotion of professional and educational advancement of nursing. At the last meeting, February 14, the new officers were in charge: President, Melanie Perry; vice-president, Hollie Redman; secretary and treasurer, Esther McGuire.

Vermont: The Vermont State Nurses' Association will hold its annual meeting, May 16 and 17, at Burlington.

Virginia: The Virginia State Nurses' Association will hold its annual meeting, May 24, 25, and 26, at Bristol. The 26th will be devoted to the League of Nursing Education.

Wisconsin: Madison.—The Director of the Bureau of Nursing Education, Adda Eldredge, has begun a survey of the Wisconsin training schools. She reports that 76 nurses took the examination for registration in January, 21 of whom registered under the last waiver. Fond du Lac.—Plans for the entertainment of the Sixth District Nurses' Association, when it meets here in April, were made at a meeting of the nurses' club, February 3. Louise Wills told of work in a government hospital in Panama, in combating malaria. Mary Stevenson told of the routine in the care of empyema cases at Army camps.

BIRTHS

To Mrs. Norman Hoopes (E. Grace Beane, graduate of Howard Hospital, Philadelphia) a son, Norman H. Hoopes, Jr., January 4.

To Mrs. O'Connor (Mabel Foley, graduate of Mercy Hospital, Chicago) a son, December 2.

To Mrs. Louis LaFontaine (Ruth Howarth, class of 1915, Mid Valley Hospital, Summit, Pa.) a son, Francis L., February 22.

To Mrs. Herman Schumm (Sarah Johnson, graduate of Augustana Hospital, Chicago) a daughter, in December.

To Mrs. William Parsons (Adelaide M. Jones, class of 1920, Illinois Training School, Chicago) a daughter, Margery Jean, January 21.

To Mrs. H. M. Meyers (Catherine Lacy, class of 1917, Battle Creek Sanitarium, Battle Creek, Mich.) a daughter, Martha Joyce, January 18.

To Mrs. Williams (Eileen McDermott, class of 1917, French Hospital, New York) a daughter, December 21.

To Mrs. O. Malcolm Walker (Margaret Mitchell, graduate of Methodist Episcopal Hospital, Philadelphia) a son, January 17.

To Mrs. Harry Mohr (Helen Mower, class of 1919, Indianapolis City Hospital) a daughter, Martha Virginia, February 26.

To Mrs. Emmet Murphy (Jane Mulder, graduate of Augustana Hospital, Chicago) a son, in January.

To Mrs. Walter Kirkwood (Florence Myers) class of 1919, York Hospital, York, Pa.) a daughter, Dorothy Louise, January 31.

To Mr. and Mrs. Marshall Miller (Agnes Nicol, class of 1916, Good Samaritan Hospital, Watertown, N. Y.) a daughter, February 19.

To Mrs. Chalmers Baggot (Anita Paulson, class of 1921, Women's Hospital, Philadelphia) a daughter, Anita, January 21.

To Mrs. William Hoffman (Miriam Platts, class of 1919, York Hospital, York, Pa.) a daughter, Betty Jane, February 2.

To Mrs. Thomas Robison (Mildred Rice, class of 1918, Altoona Hospital, Altoona, Pa.) a son, February 26.

To Mrs. J. E. Rhodes, 2nd (Ruby Rodgers, class of 1912, French Hospital, New York) a son, February 15.

To Mrs. Debrissay (Miss Schoengrow, graduate of Augustana Hospital, Chicago) a daughter, February 25.

To Mrs. Herman Wolf (Eva Watson, class of 1905, Illinois Training School, Chicago) a daughter, January 3.

MARRIAGES

Sara Alexander (class of 1920, Lankenau Hospital, Philadelphia) to W. H. Griffin, March 2. At home, Dry Branch, Ga.

Sarah Eckman Bartholomew (graduate Methodist Episcopal Hospital, Philadelphia) to Arthur A. Witmer, February 8.

Ethel E. Cost (class of 1917, Protestant Episcopal Hospital, Philadelphia) to Charles N. Conoboom, December 2. At home, Eugene, Ore.

Mable L. Christy (class of 1919, Western Pennsylvania Hospital, Pittsburgh) to Edward W. Free, February 18.

Mary Cole (graduate of Mercy Hospital, Chicago) to Frank McCoy, January 2. At home, Boston, Mass.

Anna Delcamp (class of 1919, University of Pennsylvania Hospital, Philadelphia) to Harry James Blair, February 21. At home, Wilmington, Del.

Mabel Adelaide Dereham (class of 1915, Presbyterian Hospital, Chicago) to Albert Benson Montgomery, January 18. At home, Craddock, Va.

Claire DeLange (class of 1915, Milwaukee Railroad Hospital, Mobridge, S. D.) to Fred William Lehman, December 25. At home, Fayetteville, Tenn.

Edna Ferguson (class of 1910, Wesley Memorial Hospital, Chicago) to H. N. Hall, M.D., in December.

Agnes Gesmt (class of 1919, City Hospital, Louisville, Ky.) to William J. Liddy, February 22. At home, Indianapolis, Ind.

Katheryn Elizabeth Gilbert (class of 1918, Springfield Hospital, Springfield, Mass.) to George J. Forbes, February 7. At home, North Adams, Mass.

Margaret Ruth Gordon (class of 1917, Montefiore Hospital, Pittsburgh, Pa.) to Ruben Abram, January 18. At home, Pittsburgh.

Miriam Gruber (class of 1915, French Hospital, New York) to Preston Herbert, Jr., February 28. At home, Briarcliff Manor, N. Y.

Pauline Guichel (class of 1920, York Hospital, York, Pa.) to Oscar Thomas, February 7. At home, York, Pa.

Frances Hand (class of 1915, Barton Hepburn Hospital, Ogdensburg, N. Y.) to Daniel McConville, January 10. At home, Ogdensburg, N. Y.

Ruth Frances Hanna (class of 1918, Faxton Hospital, Utica, N. Y.) to Patrick J. Ryan, February 7.

Nina Hatfield (class of 1910, Presbyterian Hospital, Chicago) to Carl Coulson Eberly, M.D., December 25. At home, Ft. Wayne, Ind.

Mary R. Hoffman (class of 1907, Western Pennsylvania Hospital, Pittsburgh) to Percy J. Potter, February 11. At home, Hagerstown, Md.

Edith Elizabeth Howard (class of 1920, Auburn City Hospital, Auburn, N. Y.) to Lee Johnston, January 18. At home, Auburn.

Grace Margaret Loran (class of 1916, Faxton Hospital, Utica, N. Y.) to Bernard Richard Burke, February 2.

Eva May Lux, to Walter Earl White, December 31. At home, Long Beach, Calif.

Esther McGuire (class of 1921, Baptist Hospital, Houston) to Paul Fuqua, December 25. At home, Houston, Texas.

Pauline Worth McQuisten (class of 1917, Christ Hospital, Cincinnati) to Marion Williamson Jones, U. S. Navy (Ret.) February 23. At home, Denver, Colo.

Phoebe Emily Meddaer (class of 1908, Bloeder-Sollman Hospital, Baltimore, Md.) to Milton H. L. Thawley, February 14. At home, Washington, D. C.

Della Milligan (class of 1919, Michael Reese Hospital, Chicago) to David Margolis, M.D., January 10.

Ruth Olive Olsen (class of 1918, Augustana Hospital, Chicago) to August Brandsmeir, February 14.

Esther Phillips (class of 1918, St. John's Hospital, St. Paul, Minn.) to H. K. Wood, in February. At home, El Paso, Tex.

Dorothe Marguerite Pickett (class of 1917, Samaritan Hospital, Philadelphia) to Edgar J. Baden, January 18. At home, New York City.

Miss Frieda A. S. Reinhardt, to Harry Miller, February 12. At home, Potsdam, N. Y.

Elsie Marie Schaupf (graduate of Iowa University Hospital, Iowa City) to Lee Charles Thomas, February 22. At home, Winslow, Ariz.

Rena M. Simpson (class of 1920, Western Pennsylvania Hospital, Pittsburgh) to George W. Shaffer, January 7.

Florence E. Smith (class of 1914, Western Pennsylvania Hospital, Pittsburgh) to Paul Eisenman, M.D., December 9. At home, Latrobe, Pa.

Mary M. Speicher (class of 1921, Western Pennsylvania Hospital, Pittsburgh) to Clarence M. Sommer, January 19. At home, Somerset, Pa.

Elizabeth Wharton (class of 1918, Jewish Hospital, Philadelphia) to Edwin J. Roth, December 1. At home, Philadelphia.

Edith Young (class of 1919, Wisconsin General Training School) to Thomas Edward Bottenberg, February 1. At home, Rushville, Ill.

DEATHS

Grace E. Allen (class of 1902, Washington Hospital, N. C.) on February third, at Johnson Willis Hospital, Richmond, Va., following a major operation, after five weeks of illness. Miss Allen was head nurse at the University Hospital, in Charlottesville, Va., for five years, after which she did district work in the county of Hanover, Va. She also conducted, for five years, the nurses' home at Beaver Dam, Va., which was erected and endowed by Thomas Nelson Page. Miss Allen then took up the Red Cross and school work in the same county, for ten years, showing marked ability in handling her work. Her death is felt throughout the county where she made many friends.

Olga Andersen (class of 1892, Michael Reese Hospital, Chicago) on December 21, 1921. Miss Andersen was the first nurse of the first class in this training school and led an unselfish life of devotion to her profession.

Margaret A. Bryden (class of 1915, Rhode Island Hospital, Providence) of pneumonia, on February 27. Services were held in Providence, after which burial was made at her home in Tatamagouche, Nova Scotia.

Kathleen J. Curtin (class of 1918, Newark City Hospital, Newark, N. J.) in Asheville, N. C., on February 28. Burial was in Newark. Miss Curtin was engaged in Red Cross work at Otsen, N. C.

Mattie R. Dunlap (class of 1911, Women's Hospital, Philadelphia) at Burlington, N. C., on November 8, 1921, after more than two years of illness.

Katherine Hear (class of 1907, W. B. Fletcher's Sanitarium) after a long illness, at the Methodist Hospital, Indianapolis, Ind. Miss Hear was a private duty nurse and although in poor health for several months, she worked until about three weeks before her death. She will be greatly missed in the private duty ranks, where she was ever an inspiration. A host of friends mourn her loss.

Amy Holmes (graduate of New York Hospital, New York City) in February. Burial at Arlington. Miss Holmes served in the Spanish War, the Boer War and the World War, and was decorated by the King of England for service.

Mrs. T. C. Halliny (Georgia Kelly, class of 1909, Kansas City General Hospital Training School, Kansas City, Mo.) at the hospital, on February 11, after a brief illness following a tonsillectomy. Mrs. Halliny has been employed as X-ray technician at the General Hospital for the past four years. Her death means a loss to her Alumnae and many friends.

Mrs. Clayton Purdy (Bertha McKisson, class of 1915, Mercy Hospital School for Nurses, Canton, Ohio) on February 7, after an illness of several months. Burial was made at Louisville, Ohio.

Elizabeth Meehan (class of 1906, Mercy Hospital, Chicago) in Dennison, Iowa, following a serious operation. She was a most unselfish and devoted nurse and was loved by all. Her many friends are deeply grieved by her sudden death.

Martha Louise Hillcourse (class of 1908, Hahnemann Hospital, Chicago) on January 18, in Niles, Mich., after an attack of pneumonia.

Annie O'Brien (class of 1896, Blockley Hospital, Philadelphia) in Havanna, Cuba, on January 22. Burial was made in Philadelphia, her former home. Miss O'Brien served 23 years in Cuba, beginning her service there during the Spanish-

American War, during which she contracted yellow fever. She was made Chief Nurse at Las Animas Hospital for contagious diseases. Her service was distinguished by great intelligence and rare faithfulness. She was a life member of the Spanish-American War Nurses' Association.

Frances Schnupp (class of 1919, Mercy Hospital, Pittsburgh) on February 13, at her home, Glassport, Pa., after an illness of a year. The members of her Alumnae express great sorrow at her loss.

Jean Elizabeth Truitt (graduate of Galesburg Hospital, Galesburg, Ill.) the early part of this year. Miss Truitt served a number of years in and near Galesburg as a private duty nurse, and also in the World War. Her work was characterized by unusual integrity, usefulness and generosity. Her many friends deplore her early death.

Hughan Macrae Washington (graduate of Old Dominion Hospital, Richmond, Va.) February 6.

Daisy R. Wilson (class of 1911, Women's Hospital, Philadelphia) on December 14, at Burlington, N. C., after months of suffering.

I WILL TRY

I will start anew this morning with a higher, fairer creed;
I will cease to stand complaining of my ruthless neighbor's greed;
I will cease to sit repining while my duty's call is clear,
I will waste no moment whining and my heart shall know no fear.
I will look sometimes about me for the things that merit praise;
I will search for hidden beauties that elude the grumbler's gaze;
I will try to find contentment in the paths that I must tread,
I will cease to have resentment when another moves ahead.
I will not be swayed by envy when my rival's strength is shown;
I will not deny his merit, but I'll strive to prove my own;
I will try to see the beauty spread before me rain or shine—
I will cease to preach your duty and be more concerned with mine.

From *Miss Columbia.*

BOOK REVIEWS

SOME MEDICAL ETHICAL PROBLEMS SOLVED. By Reverend M. P. Bourke, A.M., LL.B., Superintendent of Hospitals of the Diocese of Detroit and Chaplain St. Joseph Sanitarium, Ann Arbor, Michigan. The Bruce Publishing Co., Milwaukee, Wis. Price, 30 cents.

The booklet "originated in an attempt to furnish concise and pointed answers to queries on sacramental and moral subjects, in relation to hospitals and the nursing profession." It is written on the catechetical plan and the questions and answers are classified under three heads: Medical Ethics; Moral Principles Applied to Obstetrics; Sacramental Questions. The questions under the title, Medical Ethics, are very practical and are answered clearly and to the point. Under Moral Principles Applied to Obstetrics, the author has said many things that he has not supported as well as is desirable, and hypercritical readers may note an air of dogmatism in the work, but this can all be remedied by a more comprehensive treatment of the subject in subsequent editions. The third part, Sacramental Questions, is probably the most valuable contribution. Baptism—the manner and conditions under which it should be administered—is well expounded. On the whole the author's aim is accomplished and it is to be hoped that the pamphlet with its appended Code of Ethics will stimulate the production of a literature that will treat ethical problems of medicine in accordance with theological doctrine as well as medical science.

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SOLUTIONS IN TEN LESSONS. By Elsie M. Smith. Second Edition. 59 pages. C. V. Mosby Company, St. Louis, Mo. Price, $1.00.

Solutions, mathematics, confusion, discouragement, failure. Some such sequence of words typifies the thoughts going through the minds of many student nurses when the subject of Solutions is broached. This little book which the author tells us is the "result of many years of study, on the part of one who found it her duty to teach the subject of solutions in training schools for nurses without a text book to guide her," presents the mathematics of solutions in a way which will be helpful to many, since the difficulty suggested above is usually traceable to an inability to do simple arithmetical problems. The author has presented her methods of working out the problems in a clear and logical fashion.

The order followed in the lesson on the "Making of Percentage Solutions from a Pure Drug" is indicative of the general plan followed in presenting the different types of problems. First is given the rule for working out the problem, followed by such explanations as will clarify the rule. Several examples of the particular type of problem are given and they are worked out in detail. The examples are followed by ten problems which may be used for practice, the answers to the problems being given in the back of the book. Fractional dosage and the giving of grains from percentage solutions are also explained. The first lesson in the book is on Hypodermic Medication and is followed by the two systems of Weights and Measures. It would seem that the basic weights and measures should have preceded the lesson on Hypodermic Medication. Similarly one would suggest that the material on the meaning of percentage should precede the lessons on the making of percentage solutions. There are a number of helpful tables such as the weight of one level teaspoonful of common powders and crystals, and a table of percentages expressed in decimals and proportion.

STELLA GOOSTRAY, R.N.,
Instructor, Philadelphia General Hospital.

THE METRIC VS. THE ENGLISH SYSTEM OF WEIGHTS AND MEASURES. A report prepared by the Research Department of the National Industrial Conference Board. 261 pages. The Century Co., New York. Price $2.50, postpaid.

The subject is treated under three headings. Part I includes the History and Present National Status of Systems of Weights and Measures. Part II includes the Use of Metric and English Systems in Special Fields. Part III includes Arguments for and against the Substitution of the Metric for the English System in the United States.

SUCCESS IN THE SUBURBS. By John R. McMahon. 350 pages. G. P. Putnam's Sons. Price $2.00.

AN AMERICAN FRUIT FARM. By Francis Newton Thorpe. 343 pages. G. P. Putnam's Sons.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Vol. XV, Statistics. Part I, Army Anthropology.

ANNUAL REPORT OF THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE OF THE UNITED STATES. For the fiscal year 1921.

The contents of this interesting volume include the following subjects: Administrative Organization, Divisions of Scientific Re-

search, of Domestic Quarantine, of Foreign and Insular Quarantine, of Immigration, of Sanitary Reports and Statistics, of Marine Hospitals and Relief, of Personnel and Accounts, of Venereal Diseases, the General Inspection Service, and the Section of Public Health.

The discussion of the Section of Nursing states that the lack of a sufficient number of trained nurses for hospitals caring for tuberculous patients is a problem of importance. Particular emphasis is placed on the importance of securing legislation of a character that will stabilize the service, although it is noted that one of the encouraging features of the year is the improvement of the general morale of the nursing service.

Under the general heading of Scientific Research are included reports of investigations of botulism, influenza, malaria, pellagra, plague, leprosy, trachoma, typhoid, and yellow fever. Studies have also been made of child hygiene, public health administration, and of rural sanitation.

BOOKS TO BE REVIEWED

SURGICAL NURSING. By Colp and Keller. Macmillan. Price $3.00.

SURGICAL AND GYNECOLOGICAL NURSING. By Parker and Breckenridge. Lippincott. Price $3.00.

A FORM OF RECORD FOR HOSPITAL SOCIAL WORK. By Gertrude L. Farmer. Lippincott. Price $1.50.

VICE AND HEALTH. By John Clarence Funk. Lippincott. 174 pages. Price $1.50.

LIFE OF CLARA BARTON. By William Barton. Houghton Mifflin. Price $10.00.

PSYCHOLOGY FOR NURSES. By Mary B. Eyre. Macmillan. 200 pages.

THE VITAMINS. By Professor Sherman and S. L. Smith. Chemical Catalogue Co. Price $4.00.

FIRST YEAR NURSING. By Minnie H. Goodnow. Saunders. 358 pages. Price $2.75.

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